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## Reengagement Panel Report

### Assessment of Capacity and Approval of QA Procedures

#### Part 1 Details of provider

##### 1.1 Applicant Provider

Registered Business/Trading Name:	Drumlin House Training Centre CLG
Address:	Cooney's Row, Cootehill, Co. Cavan H16 YR27
Date of application:	30 September 2022
Date of resubmission of application:	08 December 2023
Date of (virtual) site visit:	30 March 2023
Date of reconvene meeting:	26 February 2024 & 19 April 2024
Date of recommendation to the Programmes and Awards Executive Committee:	08 June 2023 and 12 June 2024

##### 1.2 Profile of provider

Drumlin House Training Centre (DHTC) is a Cavan-based not-for-profit service provider offering Rehabilitative Training and Adult Day Service Supports for individuals with intellectual disabilities. The Centre, which offers training programmes leading to major awards in General Learning at levels 1, 2 and 3 on the National Framework of Qualifications (NFQ), has been delivering training since 1996 and had its quality assurance arrangements agreed with FETAC (now QQI) in 2007.

The Centre's programmes are delivered on a part-time basis and aim "to support school leavers through the transition from school to adult life" (Application Form, 1.6, p. 5). The Centre is not seeking an extension of its current approved scope of provision as part of its reengagement application.

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## Part 2 Panel Membership

Name	Role of Panel member	Organisation
Dr Annie Doona	Chair	Education Consultant and Former President, Institute of Art, Design and Technology
Matthew Hurley	Report Writer and Active Panel Member	Independent Consultant
Carol Quinlan	Panel Member	Cork Education and Training Board
Claire Hopkins	Panel Member	The Open Training College

## Part 3 Findings of the Panel

### 3.1 Summary Findings

Following an initial desk evaluation of the provider's draft documentation, the Panel convened on 15 March 2023 for a planning meeting. This planning meeting gave Panel members an opportunity to discuss the documentation, consider areas of questioning for the site visit, and draft a request for further information (RFI). This RFI sought clarification on the number of delivery locations used by Drumlin House, as this was unclear from the original set of documents, as well as the support role of one named staff member. The Panel also requested some additional documents in the RFI which had not been previously submitted, including the provider's Business Continuity Plan, Communications Policy, risk register, and an organisational chart depicting the reporting relationships between internal units/groups. The Panel appreciates the timely manner in which this RFI was responded to by the provider.

The site visit was held virtually on 30 March 2023 and opened with an insightful presentation outlining the provider's history and background, the services it offers, the findings of its self-assessment including resources and capacity, its governance structure, communications process, and monitoring practices. Following this, the Panel engaged in thorough and constructive discussions with senior management, Board members, and instructors.

The knowledge and passion of the provider's staff was evident from the start, and it was clear that QQI-accredited education and training plays a crucial role in supporting and boosting the lives and opportunities of the Centre's learners/service users. The Panel also identified areas which require further attention, such as the provider's governance structure, documented terms of reference,

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programme development and approval process, teaching and learning strategy, internal verification and external authentication processes, and process for quality assuring publicly available information.

At the conclusion of the virtual site visit, the Panel identified a set of 17 mandatory changes based on the areas of concern identified over the course of the evaluation. While this is quite a significant number, the Panel had confidence in the provider's ability to address these given its dedicated and knowledgeable staff cohort. In view of this, the Panel made the decision to recommend that QQI's Programmes and Awards Executive Committee (PAEC) refuse approval of Drumlin House Training Centre's draft quality assurance (QA) procedures pending mandatory changes set out in Section 7.1.

Following an interim period, the Panel reconvened on 26 February 2024 to evaluate DHTC's response to the mandatory changes. Overall, these were quite comprehensive, and addressed many of the original issues identified by the Panel. However, the Panel found some of the revised documentation unclear, particularly in relation to governance units, programme development, and assessment. To give DHTC every opportunity to address these remaining matters, the Panel made a decision to defer making its final recommendation for a period of six weeks and issued DHTC with a list of seven requests for additional information and clarification.

Following this second interim period, the Panel reconvened for a final time on 19 April 2024 to evaluate DHTC's response to the Panel's requests. Overall, the Panel was satisfied with the information provided and the changes made. Although some additional items of specific advice were identified, the Panel is nonetheless satisfied that DHTC's documentation is at a stage where it can be recommended to QQI for approval.

### 3.2 Recommendation of the Panel to Programmes and Awards Executive Committee of QQI

	Tick <input checked="" type="checkbox"/> <u>one</u> as appropriate
<b>Approve</b> Drumlin House Training Centre's draft QA procedures	<input checked="" type="checkbox"/>
<b>Refuse approval</b> of Drumlin House Training Centre's draft QA procedures <b>pending mandatory changes</b> set out in Section 7.1 (If this recommendation is accepted by QQI, the provider may make a revised application within six months of the decision)	
<b>Refuse to approve</b> Drumlin House Training Centre's draft QA procedures	



## Part 4 Evaluation of provider capacity

### 4.1 Legal and compliance requirements:

	<b>Criteria</b>	<b>Yes/No/ Partially</b>	<b>Comments</b>
<b>4.1.1(a)</b>	<b>Criterion:</b> <i>Is the applicant an established Legal Entity who has Education and/or Training as a Principal Function?</i>	Yes	The provider has submitted a Charities Regulator registration letter and a Certificate of Incorporation as evidence of its status as a legal entity.
<b>4.1.2(a)</b>	<b>Criterion:</b> <i>Is the legal entity established in the European Union and does it have a substantial presence in Ireland?</i>	Yes	The provider is established in Ireland and therefore in the European Union.
<b>4.1.3(a)</b>	<b>Criterion:</b> <i>Are any dependencies, collaborations, obligations, parent organisations, and subsidiaries clearly specified?</i>	N/A	The provider has declared that it is not involved in any form of collaborative provision regarding its QQI-accredited provision.
<b>4.1.4(a)</b>	<b>Criterion:</b> <i>Are any third-party relationships and partnerships compatible with the scope of access sought?</i>	N/A	As with 4.1.3(a), the provider has not identified any third-party relationships or partnerships regarding its QQI-accredited provision.
<b>4.1.5(a)</b>	<b>Criterion:</b> <i>Are the applicable regulations and legislation complied with in all jurisdictions where it operates?</i>	Yes	Based on the available evidence, the Panel is satisfied that the provider is in compliance with all relevant regulations and legislation in its area of operation.
<b>4.1.6(a)</b>	<b>Criterion:</b> <i>Is the applicant in good standing in the qualifications systems and education and training systems in any countries where it operates (or where its parents or subsidiaries operate) or enrolls learners, or where it has arrangements with awarding bodies, quality assurance agencies, qualifications authorities, ministries of education and training,</i>	Yes	Based on the available evidence, the Panel is satisfied that the provider is in good standing in the qualifications systems and education and training systems in its area of operation.

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	<i>professional bodies and regulators.</i>		
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**Findings**

The Panel is satisfied that the legal and compliance requirements set out in Section 4.1 have been addressed.



#### 4.2 Resource, governance and structural requirements:

	<i>Criteria</i>	<i>Yes/No/ Partially</i>	<i>Comments</i>
4.2.1(a)	<b>Criterion:</b> <i>Does the applicant have a sufficient resource base and is it stable and in good financial standing?</i>	Yes	The provider has submitted an auditor's letter, financial statements (2019-21 inclusive), a Health Service Executive (HSE) Letter of Determination, a Department of Education funding confirmation letter, insurance documentation, and a tax clearance certificate as evidence of its financial standing and resource base.
4.2.2(a)	<b>Criterion:</b> <i>Does the applicant have a reasonable business case for sustainable provision?</i>	Yes	The funding for the provider's current programmes is sourced from public resources, specifically: <ul style="list-style-type: none"> <li>• HSE Disability Services – Rehabilitative Training Funding</li> <li>• HSE Disability Services – Day Services Funding</li> <li>• Department of Education – Grant Aid for Part-time Instructors at Vocation Training Centres (VTCs)</li> </ul>
4.2.3(a)	<b>Criterion:</b> <i>Are fit-for-purpose governance, management, and decision-making structures in place?</i>	Yes	Over the course of the Panel's evaluation, a number of concerns were identified in relation to the provider's governance and decision-making structures. These included: <ul style="list-style-type: none"> <li>• A perceived overlap of staff on internal units/groups and the implications of such overlap on policies and procedures.</li> <li>• A lack of clear duration of membership for members of the Board of Management.</li> <li>• Inconsistencies across the various terms of reference of internal units/groups.</li> <li>• A lack of terms of reference for the Programme Development Team.</li> </ul>



			<ul style="list-style-type: none"><li>• A need to articulate the development of the Service User Representative Committee report.</li><li>• Limited detail in the risk register including the absence of academic risks.</li><li>• A need for evidential provision of resources to enable the continued development of the quality assurance system.</li></ul> <p>In respect of these issues, the Panel identified seven mandatory changes, most of which were subsequently addressed in a revised set of documents. All remaining queries such as those relating to the role of the Senior Team and the subcommittees of the Board of Directors were detailed in the Panel's request for additional information and clarification.</p> <p>The Panel is satisfied with the response that was subsequently received addressing these queries.</p>
4.2.4(a)	<b>Criterion:</b> <i>Are there arrangements in place for providing required information to QQI?</i>	Yes	The Senior Instructor has been identified as the primary point of contact for communications and engagement with QQI.

### Findings

In view of the revisions made by DHTC to address the mandatory changes identified at the original site visit, the Panel is satisfied that QQI's resource, governance and structural requirements set out in section 4.2 have been addressed.

Originally, the Panel had expressed concern regarding staff overlap on internal units/groups and how the risks associated with this would be mitigated; the absence of academic risks on the risk register; inconsistencies across the various terms of reference of internal units/groups; and a need for evidential provision of resources to enable the continued development of the quality assurance system, among others.

These matters were mostly addressed in the provider's first set of revised documents, while all remaining queries such as those relating to the role of the Senior Team and the subcommittees of the



Board of Directors were satisfactorily responded to following a request for additional information and clarification by the Panel.

#### 4.3 Programme development and provision requirements:

	<b>Criteria</b>	<b>Yes/No/ Partially</b>	<b>Comments</b>
4.3.1(a)	<b>Criterion:</b> <i>Does the applicant have experience and a track record in providing education and training programmes?</i>	Yes	The provider has been delivering training to its service users since 1996 and has been FETAC/QQI-accredited since 2007.
4.3.2(a)	<b>Criterion:</b> <i>Does the applicant have a fit-for-purpose and stable complement of education and training staff?</i>	Yes	The Panel is satisfied that Drumlin House Training Centre has a sufficient complement of staff in place for its current and proposed provision, some of whom the Panel had an opportunity to meet during the virtual site visit.
4.3.3(a)	<b>Criterion:</b> <i>Does the applicant have the capacity to comply with the standard conditions for validation specified in Section 45(3) of the Qualifications and Quality Assurance (Education and Training) Act (2012) (the Act)?</i>	Yes	Based on the available evidence, the Panel is satisfied that Drumlin House Training Centre has the capacity to comply with the standard conditions for validation specified in Section 45(3) of the Education and Training Act (2012).  Though the Panel identified two mandatory changes regarding the provider's assessment process, these were subsequently satisfactorily addressed in the provider's revised documentation.
4.3.4(a)	<b>Criterion:</b> <i>Does the applicant have the fit-for-purpose premises, facilities and resources to meet the requirements of the provision proposed in place?</i>	Yes	Programme delivery and work skills demonstrations take place across three locations: <ul style="list-style-type: none"><li>• The HUB Building, located on Bridge Street, Cootehill.</li><li>• A three-bedroomed townhouse located on Bridge Street Crescent.</li><li>• The Garden/Hort area at the Cooney's Row site.</li></ul>





			The suitability of premises and equipment is the subject of annual review, with feedback from trainees and the Senior Management Team (SMT) sought as part of this.
<b>4.3.5(a)</b>	<b>Criterion:</b> <i>Are there access, transfer and progression arrangements that meet QQI's criteria for approval in place?</i>	Yes	As a publicly funded entity offering Adult Day Services and Rehabilitative Training Services, Drumlin House has an 'Admission and Discharge Policy' in place which also addresses transfers from and between the provider's services which is supported by the HSE Occupational Guidance Service.
<b>4.3.6(a)</b>	<b>Criterion:</b> <i>Are structures and resources to underpin fair and consistent assessment of learners in place?</i>	Yes	<p>The Panel originally observed a need for greater articulation of the roles of both the internal verifier (IV) and the external authenticator (EA), as well as the selection process for these roles, and the output of each respective process.</p> <p>Further, the Panel observed a discrepancy in the sequence of the assessment process as outlined in Diagram 6.1.</p> <p>Two mandatory changes were identified in respect of these which were subsequently addressed by the provider in the revised documentation.</p>
<b>4.3.7(a)</b>	<b>Criterion:</b> <i>Are arrangements for the protection of enrolled learners to meet the statutory obligations in place (where applicable)?</i>	Yes	Drumlin House has an interim agreement with QQI pending the establishment of a national Learner Protection Fund.

## Findings

In view of the revisions made by DHTC to address the mandatory changes identified at the original site visit, the Panel is satisfied that QQI's programme development and provision requirements set out in Section 4.3 have been addressed.

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Specifically, the Panel had identified a need for the provider to more clearly delineate the development of programmes intended for QQI validation and to articulate the steps involved in this, as well as a need for greater articulation of the roles of both the internal verifier (IV) and the external authenticator (EA) and the selection process for each.

These matters were subsequently addressed in the revised documentation submitted by the provider.

#### **4.4 Overall findings in respect of provider capacity to provide sustainable education and training**

Over the course of the virtual site visit, the Panel identified areas of concern relating to the provider's governance structure, risk register, documented approach to quality assurance (particularly the various terms of reference submitted for internal units/group), programme development and approval process, and assessment processes.

In respect of these, a number of mandatory changes were noted which aim to assist DHTC in addressing the areas of concern so that the Panel can have confidence in the provider's capacity to provide sustainable education and training.

DHTC subsequently responded to these changes, and though the response was quite comprehensive, some key matters remained in relation to governance, programme development and assessment. These queries were issued to DHTC and subsequently satisfactorily responded to via additional revisions and clarifications.

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## Part 5 Evaluation of draft QA Procedures submitted by Drumlin House Training Centre

*The following is the panel's findings following evaluation of Drumlin House Training Centre's quality assurance procedures against QQI's Core Statutory Quality Assurance Guidelines (April 2016). Sections 1-11 of the report follows the structure and referencing of the Core QA Guidelines.*

### 1 GOVERNANCE AND MANAGEMENT OF QUALITY

#### **Panel Findings:**

Following a thorough evaluation of the provider's revised document and response to the Panel's request for further clarification, the Panel is satisfied that Drumlin House Training Centre has addressed QQI's requirements under this guideline.

In devising a system of governance for the oversight of education and training, providers must enforce "separation of responsibilities between those who produce/develop material and those who approve it" (CSQAG, 2016, 1.1, p. 5). Furthermore, "Overall corporate decision-makers within the provider, whether trustees, owners, shareholders or others" must "not exercise exclusive authority or undue influence over academic decision-making" CSQAG, 2016, 1.1(c), p. 6).

The Panel recognises that Drumlin House Training Centre's QQI provision is only a small part of its wider service provision and that there are challenges presented by this. One such challenge is the need for separation on internal decision-making units/group. In evaluating the provider's original draft QA Handbook, the Panel found it difficult to discern where responsibility lay for academic oversight, as there was no specific group clearly assigned to this according to the terms of reference. While a Quality Audit Team had been established with responsibility for "the maintenance, implementation and ongoing review and enhancement of the internal QA system, policies, procedures, and wider QA activities" in addition to the "self-evaluation and monitoring of programmes as well as programme development activities", there was no approval function stated for the Quality Audit Team (Original QA Handbook, pp. 10-11). In many cases, this resulted in the Board of Directors having singular approval authority from both academic and corporate perspectives.

Further to this, the stated membership of the Quality Audit Team was heavily internal and included a member of the Board of Directors, at least one member of the Senior Management Team (now Senior Team), the Centre Manager, senior instructor (who is also the internal verifier), and a service user representative. To contextualise this further, the Senior Management Team membership comprised the Centre Manager, senior instructor, and programme leaders/instructors. This indicated that approximately half of the Quality Audit Team consisted of members of the Senior Management Team, in addition to a member of the Board of Directors. The Panel was of the view that any attempts to avoid conflicts of interest would be virtually impossible to overcome given this membership. Specifically, any recommendations made by the Quality Audit Team to either the Senior Management Team or the Board of Directors could be compromised given the significant overlap in membership.



The Results Approval Panel was another at-risk group given its membership, which included the Centre Manager (or another designated individual), a member of the Senior Management Team, and the assessors.

Representatives for DHTC highlighted the challenge of minimising staff overlap on internal groups/units given the limited staff numbers but acknowledged their awareness of the need for objectivity in decision-making.

In view of this issue, and the need for DHTC to consider how it would mitigate any potential conflicts of interest, the Panel identified the following mandatory change:

#### **Mandatory Change 1**

Taking cognisance of the size and scale of the provider's operations and QQI provision, Drumlin House Training Centre must review and revise its governance structure to ensure that the risks associated with staff overlap on internal units/groups, such as conflict of interest, are considered and mitigated.

- a. Drumlin House Training Centre must consider the implications of this on all policies and procedures, for example, appeals, complaints, programme development and approval.

As a means of addressing this mandatory change, DHTC made some notable revisions to its governance structure, including:

- Changing the name of the Senior Management Team to the Senior Team and clarifying its role and functions within the terms of reference;
- Appointing the Senior Instructor to the now formalised role of Deputy Manager;
- Amending various policies to reflect revised staff responsibilities;
- Greater consideration of separation at decision-making junctures.

The Panel is overall satisfied that the revisions made are clear, relevant and have been considered in terms of their impact on operations more broadly.

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In evaluating the terms of reference of the Board of Directors, the Panel noted that no clear tenure of membership had been stated nor was there any clear information provided about the number of times a member could be reappointed. This was queried with provider representatives during the site visit who clarified that the memorandum with the Companies Act stated three years but that a lot of Board members had been reappointed over the years at the organisation's Annual General Meeting (AGM). At this discussion progressed, the Panel was informed that some of the directors had been



with Drumlin House for several decades, which stood in contrast to the previously stated three-year tenure.

In accordance with QQI guidelines, providers are required to document and publish terms of reference for the “Groups or units responsible for the oversight of education and training, research and related activities...” (CSQAG, 2016, 1.1, p. 5).

Although the original draft QA Handbook contained terms of reference for the Board of Directors, Senior Management Team, Quality Audit Team, Results Approval Panel, and Appeals Panel, the Panel was of the view that these were not sufficiently detailed nor were they always documented in a consistent level of detail. These terms of reference needed to include details of membership, how members are selected, duration of membership, frequency of meetings, meeting quorums, and functions, ensuring that the stated functions are consistent with the role of each group in different processes.

In respect of this, the Panel identified the following mandatory change:

**Mandatory Change 2**

Drumlin House Training Centre must review the terms of reference and membership of all internal units/groups (e.g., Board of Directors, Senior Management Team, Quality Audit Team, Results Approval Panel, Appeals Panel) to ensure that these are comprehensively and consistently documented and reflect each unit/group’s stated functions in all policies and procedures.

On evaluation of the revised terms of reference, the Panel was pleased to see that these had been made generally comprehensive and consistent, although some quorums appeared undocumented. For clarity, it is recommended that these be included in all terms of reference.

At the first reconvene meeting, the Panel expressed confusion around the role of the Senior Management Team, renamed the Senior Team in the revised documentation, as articulated in the terms of reference and in various process. From its name, the Panel initially thought the team to be a high ranking management team, but in practice and from discussion with DHTC representatives, it became apparent that the team is more operational in nature.

Looking at the team’s specific accountabilities and role in various processes, the Panel noted that the Programme Development Team (PDT) is mostly composed of members of the Senior Team, although it is not formally considered a subcommittee (the PDT is appointed by the Centre Manager). Further, the Panel noted the Senior Team’s significant involvement in self-evaluation, monitoring, and review activities, although the full scope of its role in these activities remained unclear.



Due to these factors, the Panel was of the view that DHTC needed to revisit the way in which it had articulated the role of the Senior Team to ensure there is no doubt about the team's remit and responsibilities.

A request for further information and clarification was made around this at the conclusion of the first reconvene meeting. DHTC subsequently responded to this noting that the Senior Team is comprised of instructors and programme leaders from across DHTC's nine service locations and that the membership is operational in nature. This additional information allowed the Panel greater understanding of the intended role of the Senior Team, though the Panel advises DHTC to monitor the membership to ensure this lends itself to efficient decision-making.

The following items of specific advice has been identified in respect of the above:

**Specific Advice 3**

The Panel recommends that DHTC include quorums for all internal committees in the terms of reference.

**Specific Advice 4**

The Panel recommends that DHTC monitor the membership of the Senior Team to facilitate efficient and effective decision making.

At the first reconvene meeting, the Panel noted multiple references to subcommittees of the Board of Director in the revised QA Manual, though the type, nature and functions of these subcommittees were not stated. During the Panel's discussion with DHTC representatives, the names of the subcommittees were clarified (e.g. Audit and Risk). However, these still needed to be reflected in the QA Manual.

Additionally, in evaluating the revised terms of reference, the Panel found it somewhat unclear which groups or individual members of staff are involved in and responsible for self-evaluation and internal monitoring. This was primarily due to some discrepancies between the terms of reference and the documented process.

Requests for clarification relating to these matters were made to the provider, both of which were subsequently satisfactorily addressed.

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According to the provider's original programme development process, the Programme Development Groups played a key role in examining the feasibility of new programmes and designing and developing the relevant descriptors, assessment briefs and lesson plans. However, the Panel noted an



absence of terms of reference for the Programme Development Group consistent with the requirements of mandatory change 2.

The following mandatory change was identified in respect of this:

**Mandatory Change 3**

Drumlin House Training Centre must develop terms of reference for, and appoint appropriate membership to, the Programme Development Group in line with mandatory change 2.

In its response to this, DHTC changed the name of the group to the Programme Development Team. The Panel found the role of the Programme Development Team (PDT) quite unusual in that the team's stated function was not only to develop a given programme but to "make a recommendation to the Centre Manager to approve or not approve the proposal for further development" (Revised QA Manual, p. 22). This was similarly articulated in the programme development process.

The Panel noted that this responsibility to recommend approval goes beyond the typical remit of a programme development team and poses a potential conflict of interest. Although the team is not the body approving the programme, they are nonetheless developing it; thus, any recommendation it might give on approval could be argued to be inherently biased.

In respect of this, the Panel requested that DHTC clarify the functions of the Programme Development Team to ensure that these are appropriate and do not pose a conflict of interest with the remit of approval groups.

In response to this, DHTC revised the terms of reference of the Programme Development Team as well as the programme development process and developed a programme development flowchart to more clearly map the stages of the process.

In view of these clarifications and revisions, the Panel is satisfied that the matter has been addressed.

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In the context of programme monitoring and review, one of the reports which informs DHTC's process is sourced from the Service User Representative Committee, a body which represents the voice of service users and learners and can provide feedback on their behalf. The Panel views this as an important and valuable data point; however, the original QA Handbook was found to provide very little information on the development of this Committee's report, such as when the report is produced, who it is produced by, to whom the report is submitted, and how findings of the report are actioned.

In respect of this, the Panel identified the following mandatory change:

**Mandatory Change 4**

Drumlin House Training Centre must articulate the development of the Service User Representative Committee report so that it is clear what data inputs inform the report, who the report is drafted by, at what stage the report is produced, to whom the report is submitted, and how the findings of the report are actioned.

In response to this, DHTC included additional information on the drafting of the report in the relevant handbooks and noted that "All service users are involved in the self-assessment of the service against the New Directions standards and the PCP framework..." (Cover Memo, pp. 5-6)

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QQI's guidelines require providers to have "procedures in place for the identification, assessment and management of risk" (CSQAG, 2016, 1.1(d), p. 6). Although Drumlin House's original QA Handbook contained a Risk Management Policy, Risk Assessment Tool and Risk Assessment Form, the Panel could not find an actual risk register among the documentation submitted. This was requested in advance of the virtual site visit and received accordingly.

On evaluation of the risk register, the Panel noted significant limitations in its scope. The register itself was quite short and contained only some operational and strategic risks, omitting other important categories of risk such as reputational and academic.

In view of this, the Panel identified the following mandatory change:

**Mandatory Change 5**

Drumlin House Training Centre must review and expand, as appropriate, the risk register to account for all potential risks, including academic risks. Further, the updated risk register must be communicated to all relevant stakeholders.

Although DHTC made some revisions in response to this mandatory change, including the establishment of an Audit and Risk sub-committee and updates to the Risk Management Policy and risk register, the Panel agreed that DHTC needed to consider a broader range of academic risks which concern DHTC's education and training provision, resources, and learners. A request for additional information was issued to the provider, which was subsequently satisfactorily responded to, with the risk register being updated to including additional items of academic risk and their potential impact.

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The Panel understands that QQI provision is a small part of DHTC's overall service provision, and while the provider can be seen as financially secure, there are limited staff numbers and staff members can often assume different roles and responsibilities (which is not unique to a provider of DHTC's size). The Panel was of the view that in order to demonstrate commitment to the ongoing development and





enhancement of its quality assurance system and documentation, Drumlin House Training Centre needed to provide adequate resources and staffing to that effect, as such provision was not completely clear or evidential from the application documentation.

**Mandatory Change 6**

Drumlin House Training Centre must provide adequate resources and staffing to enable the continued development of its quality assurance system and associated documentation.

In response to this, DHTC formally appointed a Deputy Manager with responsibility for supporting "the continued development of the quality assurance system and documentation" (Cover Memo (p. 7). Additionally, the provider established additional subcommittees, some of which include external advisors (e.g. Quality Audit Team, a subcommittee of the Board of Directors). In view of the changes made, the Panel is overall satisfied that the mandatory change has been addressed.

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The Panel appreciates that reengagement is a significant undertaking and acknowledges the work and effort that DHTC had put into its application to QQI prior to the original site visit. Notwithstanding this, given the Panel's decision to refuse approval pending mandatory changes and the identification of mandatory changes which DHTC had up to six months to address, the Panel was of the view that DHTC would benefit from reviewing the approved quality assurance procedures published on individual providers' websites and published QA approval process reports on QQI's website of other similar education and training providers. This would offer insight into common issues identified by panels and how providers addressed these.

**Specific Advice 1**

The Panel advises that Drumlin House Training Centre would benefit from reviewing the approved quality assurance procedures and published QA approval process reports of other similar education and training providers.

DHTC noted in its cover memo that it had indeed reviewed the QA reports of other similar providers in anticipation of revising its documentation.

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## 2 DOCUMENTED APPROACH TO QUALITY ASSURANCE

### **Panel Findings:**

Following a thorough evaluation of the provider's revised document and response to the Panel's request for further clarification, the Panel is satisfied that Drumlin House Training Centre has addressed QQI's requirements under this guideline.

A key requirement under QQI's guidelines is that providers fully document their quality assurance systems, specifically so that "there are robust, documented policies and associated procedures for the assurance of the quality and standards of provision" (CSQAG, 2016, 2.1, p. 9).

Drumlin House Training Centre's QA Handbook was the singular piece of QA-specific documentation that was submitted alongside its reengagement application. This 'single source of truth' covered a breadth of information regarding the provider's practices and was structured to reflect QQI's core guidelines.

Over the course of the Panel's evaluation, three key issues were observed:

- Some policies and procedures were not documented in the level of depth which would be expected or required for effective implementation.
- Some policies and procedures were operational but had not been formalised in the documentation. This is not a unique issue and is understandable given the significant work done in preparation for reengagement.
- QQI's guidelines and terminology were not always clearly and consistently referenced or explained in the context of DHTC's QQI provision, which was the cause of some confusion (e.g., such as whether the provider was referring to the START programme as a whole or the QQI elements within this).

In respect of these issues, the Panel identified the following mandatory change:

#### **Mandatory Change 7**

Drumlin House Training Centre must conduct a comprehensive review of its QA Manual and associated documentation to ensure that all policies and procedures relating to the provision and delivery of its QQI-validated programmes are fully documented and appropriately aligned with QQI guidelines.

On evaluation of the provider's response to this, the Panel is overall satisfied that DHTC's revised QA documentation includes greater information depth and more clearly aligns with QQI requirements.

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Attached as an appendix to the original draft QA Manual was a Trainee Handbook which featured information on the START programme, QQI awards, recognition of prior learning (RPL), the assessment and certification process, the right of appeal, support, feedback, and data protection. Most of this information was presented in summary form and using 'easy read' versions of the given processes.

The Panel was of the view that this Trainee Handbook and the overall presentation of learner-facing documentation was in need of review; not only to ensure it is appropriate but also to make the 'easy read' versions more comprehensive, as these often did not provide a sufficient level of depth.

In respect of this, the Panel identified the following mandatory change:

**Mandatory Change 8**

Drumlin House Training Centre must ensure that all learner-facing documentation is reviewed to ensure it is appropriate to the intended audience, and that the 'easy-read' versions of its QA documentation are updated and comprehensive.

This was subsequently addressed through revisions to key learner-facing documents and easy-read versions. DHTC also noted that it has procured specific software for the development of the easy-read documents.

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In ensuring that policies and procedures are effective and fit for purpose, "Quality assurance procedures" must be "regularly self-monitored to ensure ongoing effectiveness as provider circumstances change" (CSQAG, 2016, 2.1, p. 9). One key method by which providers can systematically track their QA documentation and maintain the currency of this is through a document control system which would assign 'ownership' of a policy and procedure to a relevant member of staff who can then monitor the status of the document and when it is up for review. A document control system would also act as a schedule of review and renewal for policies and procedure, identifying the date on which it was last approved and when it is next due for review. Finally, a document control system would identify the document's location so that it can be sourced as required by relevant members of staff.

As DHTC's original QA documentation did not feature any apparent form of document control system, the Panel expressed some concern that future and cyclical reviews would be difficult to track and manage. In respect of this, the following mandatory change was identified:

**Mandatory Change 9**



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Drumlin House Training Centre must devise and implement a document control system to include:

- a. Assigned ownership of policies and procedures to relevant staff members.
- b. A schedule of review and renewal for policies and procedures.
- c. Location of document storage area.

In response to this, DHTC developed and implemented a system for document control which includes key information such as policy ownership, renewal schedule, and storage locations.

### 3 PROGRAMMES OF EDUCATION AND TRAINING

#### **Panel Findings:**

Following a thorough evaluation of the provider's revised document and response to the Panel's request for further clarification, the Panel is satisfied that Drumlin House Training Centre has addressed QQI's requirements under this guideline.

"The development of new programmes" must be "conducted systematically", with sufficient time "allowed for the necessary internal and external consultations with stakeholders to be undertaken" (CSQAG, 2016, 3.1, p./10).

The preponderance of information on Drumlin House's development and approval process for new programmes was set out in Appendix 10.09 of the original draft QA Handbook. This document set out the various stages of the process, from the initial feasibility study through to validation of the programme.

However, the Panel identified a number of issues with the proposed process over the course of its evaluation, including:

- The language used in relation to 'programmes', as it was often unclear whether Drumlin House was referring to the START programme as a whole or specifically the QQI elements within this.
- The light level of detail regarding new programme needs identification and how ideas for new programmes are generated and considered.
- A lack of terms of reference for the Programme Development Team, a matter which was previously detailed under Governance and Management of Quality.
- Stages VI and VII of the Programme Validation process (Original QA Handbook, Section 4.2, p. 113) appeared to suggest that the decision on whether or not to run ("implement") a programme would only be made following successful validation with QQI. The Panel found this curious, as a provider going through the work required for validation, and committing the necessary resources for this, would not typically question whether or not they wanted to run the programme.

The following mandatory change was identified in respect of the issues outlined above:

#### **Mandatory Change 10**

Drumlin House Training Centre must review the new programme development and approval process to more clearly delineate the development of programmes intended for QQI validation and articulate the steps involved in this. Furthermore, Drumlin House Training Centre must consider the implications of the Panel's mandatory changes on this process.

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In response to this, DHTC made a number of revisions to its programme development and approval process, aiming to clarify the separation of decision-making responsibilities.

Within the revised process, the Panel noted the submission of a developed programme to the Board of Directors for approval prior to submission to QQI for validation. While pleased to see this, the Panel was unable to see any similar approval stage in relation to the programme proposal. The Panel highlighted that standard practice would be for the overarching corporate body (in DHTC's case the Board of Directors) to approve **both** the proposal and the developed programme, thus 'bookending' the process.

The Panel was also of the view that the documented process would benefit from a supporting flowchart, as this can be a useful way to identify whether a given process is workable in practice.

In view of this and the previously identified need for clarity around the role of the Programme Development Team, the Panel issued a request for additional information. In response, DHTC made a number of revisions to its process and included a flowchart which highlighted the different steps involved.

While the Panel was overall satisfied with this response, it was noted that programme approval steps appeared to be omitted from the flowchart. In respect of this, the following item of specific advice has been identified:

**Specific Advice 5**

The Panel recommends that DHTC include the programme approval steps to the programme development flowchart.

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## 4 STAFF RECRUITMENT, MANAGEMENT AND DEVELOPMENT

### **Panel Findings:**

Following a thorough evaluation of the provider's revised document and response to the Panel's request for further clarification, the Panel is satisfied that Drumlin House Training Centre has addressed QQI's requirements under this guideline.

On evaluation of the original documentation, the Panel observed minimal reference to staff induction and no specific policy or procedure around such. This was queried with representatives during the site visit who outlined some of the components of the staff induction process, which includes an overview of the different learner groups catered to by Drumlin House, the on-site support staff, who the individual will be reporting to, and how to manage assessments. A mentor system is also in place to guide new staff with assessment. While it was evident from this discussion that a process for staff induction was in place, this had not been formalised within the QA documentation.

In respect of this, the Panel identified the following mandatory change:

#### **Mandatory Change 11**

Drumlin House Training Centre must clearly document its new staff induction process.

This was subsequently addressed in the revised documentation which now includes details about the staff induction process.

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QQI's guidelines stipulate that providers must "Offer opportunities for and promote the professional development of teaching staff" and that staff members must "have access to support and opportunities for development based on a systematic approach to the identification of their continuing professional training and development needs" (CSQAG, 2016, 4.3, p. 13).

The original QA Handbook outlined Drumlin House's approach to staff development. This was split into training needed to fulfil statutory requirements and training which the staff themselves may be interested in undertaking. While some examples were given of the mandatory training required of all staff members, including An Introduction to Children First, Putting New Directions into Practice, Basic First Aid, and Fire Safety, the Panel was of the view that the articulation of professional development opportunities beyond these required courses was limited and in need of further development. This was particularly true for professional development relating to teaching and learning, which is further commented upon under Teaching and Learning below.

The Panel was also of the view that continuing professional development (CPD) provision could be enhanced through the development of a schedule which would help to formalise the system.

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The following mandatory change and specific advice were identified in respect of this:

**Mandatory Change 12**

Drumlin House Training Centre must further articulate its approach to the provision of continuing professional development (CPD) opportunities for staff.

**Specific Advice 2**

Further to mandatory change 12, the Panel recommends that Drumlin House Training Centre devise a CPD schedule in order to embed a more systematic approach to professional development.

Both of these were subsequently addressed in the revised documentation through development of a CPD schedule and revision of the Staff Training and Development Policy to better articulate DHTC's approach to CPD.

## 5 TEACHING AND LEARNING

**Panel Findings:**

Following a thorough evaluation of the provider's revised document and response to the Panel's request for further clarification, the Panel is satisfied that Drumlin House Training Centre has addressed QQI's requirements under this guideline.

The provider's teaching and learning strategy offers important information on the monitoring and evaluation of teaching and learning practice, complaints, and ensuring the learner voice is appropriately heard and represented.

QQI's guidelines stipulate that providers must flexibly use "a variety of pedagogical methods that are evaluated and monitored and adjusted accordingly" (CSQAG, 2016, 5.2, p. 14) and that "the pedagogic style incorporates national and international effective practice" (CSQAG, 2016, 5.2, p. 13). As indicated, this grants providers flexibility regarding the pedagogic, or indeed andragogic, principles and styles used, and in deciding on the teaching and learning methodologies which are best suited for these styles and the provider's own context.

The original QA Handbook submitted by DHTC included an initial chapter on teaching and learning, which was supported by a separate Teaching and Learning Policy within the appendices. On evaluation of these documents, however, the Panel found there to be limited information on the pedagogical principles underpinning teaching and learning at Drumlin House, and the methodologies





used in the application of these principles. The Panel viewed this as a gap within the teaching and learning strategy.

As noted under Staff Recruitment, Management and Development above, the Panel explored how DHTC would ensure that staff remain up to date and informed in the area of teaching and learning or with new technologies, with representatives responding that needs identification may occur by the individual directly or through management meetings and that there is provision for such training to be accommodated by Drumlin House Training Centre.

However, the Panel found that the articulation of these opportunities, and the identification of such, in the documentation could be enhanced. The following mandatory change was identified in respect of this:

**Mandatory Change 13**

Drumlin House Training Centre must further articulate its teaching and learning strategy; in particular, the pedagogical principles which underpin teaching and learning and the methodologies used in the application of these principles by tutors.

- a. Drumlin House Training Centre must ensure there is adequate provision of CPD opportunities around teaching and learning, particularly in relation to assistive technologies and Universal Design for Learning (UDL).

This was subsequently addressed through revision of the Teaching and Learning policy to better articulate the principles which underpin DHTC's used methodologies. Further, the new CPD schedule development in response to Specific Advice 2 has helped DHTC identify future opportunities for professional development around teaching and learning, such as the use of assistive technologies by Special Needs Assistants (SNA).

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## 6 ASSESSMENT OF LEARNERS

### **Panel Findings:**

Following a thorough evaluation of the provider's revised document and response to the Panel's request for further clarification, the Panel is satisfied that Drumlin House Training Centre has addressed QQI's requirements under this guideline.

The provider's documented assessment framework outlines the mechanisms used to maintain fairness and consistency in assessment and includes policies and procedures for internal verification, external authentication, results approval, formative and summative feedback, and appeals. The QA Manual Handbook also includes, as an appendix, an Assessment Handbook for Instructors. This handbook covers most of the above-mentioned topics in addition to assessment techniques, information on skills demonstrations, how to ensure that a learner is assessed at the correct level, grading criteria and classifications, and reasonable accommodation.

However, one of the diagrams in the original QA Handbook outlining the assessment process — Diagram 6.1 on p. 3 — may have caused some confusion in relation to the occurrence and order of events at appeals stage. Specifically, the diagram showed appeals occurring prior to certification. This is not strictly true, as approved results are uploaded to QBS following their approval by the Results Approval Panel (RAP). Upon receipt of their approved result, a learner has the right to appeal. If an appeal of an approved result is upheld, the provider informs QQI and the result on QBS is amended.

To ensure there would be no doubt or lack of clarity around the assessment and appeals processes, the Panel stressed that the diagram needed to be updated to reflect the context above. A mandatory change was identified in respect of this:

#### **Mandatory Change 14**

Drumlin House Training Centre must revise Diagram 6.1 in the QA Manual (which outlines the assessment process) to clarify the occurrence and order of certification and the appeals process.

In response to this, DHTC made changes to the diagram to correct the issue. However, the Panel observed an outstanding issue relating to the order of appeals and results approval, with the appeals process being positioned first.

The Panel emphasised that appeals only take place in relation to a final, approve grade, and it is not possible for a learner to appeal a provisional grade (as would be the case according to the flowchart's sequencing of events). In view of this, the Panel requested that this be amended in the documentation.



Though this was subsequently addressed via a revised flowchart, the Panel is of the view that it would be of benefit for DHTC to include a statement making it explicitly clear that assessment appeals only take place in relation to the final approved result.

In respect of this, the Panel has identified the following additional item of specific advice:

**Specific Advice 6**

The Panel recommends that DHTC specify that assessment appeals relate to final approved result.

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As part of the assessment process, providers are required to implement an authentication process which must include stages for internal verification and external authentication (QQI Quality Assuring Assessment Guidelines for Providers, 4.1, p. 24).

The provider's original draft QA Handbook included policies and procedure for both internal verification and external authentication. While these policies and procedures covered important areas such as appointment and duties, the Panel found some limitations in the level of detail provided on the selection process for each role (e.g., in relation to recruitment of an external authenticator (EA), what is the process by which the Centre Manager makes a decision on the suitability of an individual), the roles and responsibilities of the internal verifier and external authenticator, as well as the output of each respective process.

The following mandatory change was identified in respect of this:

**Mandatory Change 15**

Drumlin House Training Centre must more clearly articulate the roles of the internal verifier (IV) and the external authenticator (EA), the selection process for these roles, and the output of each respective process.

This was subsequently satisfactorily addressed via revisions to DHTC's Assessment Policy and supporting appendices which now more clearly detail the functions of the IV and EA.

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## 7 SUPPORT FOR LEARNERS

### ***Panel Findings:***

The Panel is satisfied that Drumlin House Training Centre has addressed QQI's requirements under this guideline.

As Drumlin House's learners are also its service users, each individual has a unique plan in place according to their specific needs. This is primarily achieved through Person-Centred Planning (PCP), which "enables those providing services to address the exact needs and preferences of people using the services, through the development of targeted support plans and actions, with a clear rationale" (QA Handbook, p. 134). A detailed policy is in place regarding PCP and covers, among others, best practice, underpinning principles of PCP, capacity, Circle of Support, accessibility, the multi-disciplinary approach, support plans, goals, the 5 Stages of PCP, management of the PCP system, and the responsibilities of all those involved.

A separate chapter in the QA Handbook further outlines some of the accommodations which are available to learners based on their specific needs, including assistive technology, readers, additional time, and easy read documentation.

## 8 INFORMATION AND DATA MANAGEMENT

### ***Panel Findings:***

Following a thorough evaluation of the provider's revised document and response to the Panel's request for further clarification, the Panel is satisfied that Drumlin House Training Centre has addressed QQI's requirements under this guideline.

The provider's responsibilities as a Data Controller are generally well understood, and the Panel had sight of several documents reinforcing this, including the GDPR (General Data Protection Regulation) Communications Policy, Data Protection Policy, Data Breach Notification Policy, and Data Protection Consent Form.

QQI's guidelines require providers to develop a policy "for the establishment and maintenance of quality-related records" which "specifies data retention periods" (CSQAG, 2016, 8.6, p. 18). With regard to records retention, reference was made on page 135 of the original draft QA Handbook to a 'Retention of Records Policy'; however, the Panel did not have sight of this as it was not included with the application documentation or in the GDPR Communications Policy submitted in response to the Panel's RFI.



The Panel queried for how long the provider holds learner evidence and the rationale for this. Representatives responded that seven years would be standard in case there is a query in the years following a learner's completion of a programme. In the case of learner portfolios and assessment evidence, this was stated to be two years.

The Panel commented that two years is significant, and that assessment evidence is typically returned or destroyed as soon as possible after the appeals window has lapsed (approximately 4 weeks). In order to ensure the appropriacy of DHTC's retention periods, the Panel identified the following mandatory change:

**Mandatory Change 16**

Drumlin House Training Centre must review the appropriacy and legal context of its data retention periods and provide an up-to-date records retention schedule with its revised documentation.

In response to this, DHTC updated its risk register to note that "learner portfolios and materials...will be retained from creation until month following receipt of certification" (QA Handbook, p. 275). The Panel is therefore satisfied that the mandatory change has been addressed.

## **9 PUBLIC INFORMATION AND COMMUNICATION**

**Panel Findings:**

Following a thorough evaluation of the provider's revised document and response to the Panel's request for further clarification, the Panel is satisfied that Drumlin House Training Centre has addressed QQI's requirements under this guideline.

In relation to information that it intended for publication, providers must have "policies and procedures that ensure the information published is clear, accurate, objective, up to date and easily accessible" (CSQAG, 2016, 9.1, p. 19).

In its evaluation, the Panel noted that 'Public Information and Communication' had been omitted as a chapter of the original QA Handbook's Table of Contents, despite most of the other guidelines having their own chapters. It was later confirmed on evaluation of the original QA Handbook that no policy or procedure was in place to address this area of quality assurance, with the exception of one small section on page 109. However, the three points which comprised this section largely referenced other documents and resources as sources of relevant information, such as the Communications Policy,



Admission and Discharge Policy, Teaching and Learning Policy, Business Continuity Plan, and the website.

As neither the Communications Policy nor the Business Continuity Plan were submitted with the original set of documentation, the Panel requested these as part of its RFI. On evaluation of these documents, it was found that neither provided the information sought by the Panel detailing how Drumlin House Training Centre quality assures publicly available information.

Further, the Panel looked up the provider's website, as this would typically be a principal source of information, only to find that it was offline. Representatives for the provider clarified that it was under development and would be updated in due course.

In respect of this, the Panel identified the following mandatory change:

**Mandatory Change 17**

Drumlin House Training Centre must develop a policy and procedure for quality assuring publicly available (published) information and the monitoring/updating of this.

- a. The required information regarding Drumlin House Training Centre's currently validated programmes and associated requirements must be visible on its live website.

In response to this, DHTC developed a policy and procedure for Communication and Public Information, also noting in the cover memo to the Panel that programme information was now live on its newly updated website.

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The Panel is satisfied that Drumlin House Training Centre has addressed QQI's requirements under this guideline.

Drumlin House Training Centre is not currently engaged in any collaborative arrangements regarding its QQI provision, nor did it indicate any plans for such. The provider does, however, in accordance with QQI requirements, engage external authenticators (EAs). Quality assurance procedures for this must "include explicit criteria and procedures for the recruitment and engagement of external, independent, national and international experts (where appropriate)..." (CSQAG, 2016, 10.3, p. 20).

However, as previously noted under Assessment of Learners, the role of and selection process for the external authenticator required further attention, as this was not articulated as clearly as needed.

This was subsequently addressed in DHTC's response to mandatory change 15.

**11 SELF-EVALUATION, MONITORING AND REVIEW*****Panel Findings:***

The Panel is satisfied that Drumlin House Training Centre has addressed QQI's requirements under this guideline.

The provider's QA Handbook and supporting documentation set out a generally well-defined and inter-connected series of policies and procedures for self-evaluation, monitoring and review, which are informed by feedback from the Service Users Representative Committee, instructors, service users, parents/carers, the external authenticator, and the internal verifier.

In the context of internal programme evaluations, a more discrete and structured Programme Evaluation Policy is in place outlining the steps involved and the responsibilities of the various internal units (particularly the Quality Audit Team) accompanied by a QA Evaluation Report form which is completed following the evaluation of a programme.



## Evaluation of draft QA Procedures - Overall Panel findings

Following a thorough evaluation of the provider's documentation and extensive discussions during the site visit, the Panel agreed that although it was evident that Drumlin House Training Centre was engaged in good practice as far as its service provision was concerned, there were a number of gaps and shortcomings within its quality assurance documentation pertaining to the QQI elements of its provision.

These include issues such as:

- Overlap on its internal decision-making units.
- The terms of reference of internal units/group, specifically the need to more comprehensively and consistently document these.
- The light level of detail in the risk register.
- The provision of resources and staffing to enable the continued development of its quality assurance system and associated documentation.
- The need to ensure all policies and procedures are comprehensively documented within the QA Handbook.
- The need to further articulate the teaching and learning strategy.
- The stated order of the assessment process.

In view of these issues, the Panel made the decision to recommend that QQI refuse approval of Drumlin House Training Centre's draft QA procedures pending mandatory changes. However, the Panel had confidence that DHTC could satisfactorily address these changes in the allotted time.

On evaluation of the provider's response to these mandatory changes, it was evident that DHTC had both carefully considered, and given due time to addressing, the matters raised by the Panel. This resulted in an overall comprehensive response, although a number of issues and queries particularly relating to the revised governance structure, programme approval process and assessment process remained.

The Panel agreed to defer its decision for a period of six weeks to allow DHTC to address these matters, which it did satisfactorily.

In view of this work, which has produced a robust QA system aligned with QQI's guidelines, the Panel is pleased to make a revised decision to QQI to approve Drumlin House Training Centre's draft QA procedures.



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## Part 6 Conditions of QA Approval

### 6.1 Conditions of QA Approval

Not applicable.
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## Part 7 Mandatory Changes to QA Procedures and Specific Advice

### 7.1 Mandatory Changes

#### Governance and Management of Quality

1. Taking cognisance of the size and scale of the provider's operations and QQI provision, Drumlin House Training Centre must review and revise its governance structure to ensure that the risks associated with staff overlap on internal units/groups, such as conflict of interest, are considered and mitigated.
  - a. Drumlin House Training Centre must consider the implications of this on all policies and procedures, for example, appeals, complaints, programme development and approval.
2. Drumlin House Training Centre must review the terms of reference and membership of all internal units/groups (e.g., Board of Directors, Quality Audit Team, Senior Management Team, Results Approval Panel) to ensure that these are comprehensively and consistently documented and reflect each unit/group's stated functions in all policies and procedures.
3. Drumlin House Training Centre must develop terms of reference for, and appoint appropriate membership of, the Programme Development Group in line with mandatory change 2.
4. Drumlin House Training Centre must articulate the development of the Service User Representative Committee report so that it is clear what data inputs inform the report, who the report is drafted by, at what stage the report is produced, to whom the report is submitted, and how the findings of the report are actioned.
5. Drumlin House Training Centre must review and expand, as appropriate, the risk register to account for all potential risks, including academic risks. Further, the updated risk register must be communicated to all relevant stakeholders.
6. Drumlin House Training Centre must provide adequate resources and staffing to enable the continued development of its quality assurance system and associated documentation.

**Documented Approach to Quality Assurance**

7. Drumlin House Training Centre must conduct a comprehensive review of its QA Manual and associated documentation to ensure that all policies and procedures relating to the provision and delivery of its QQI-validated programmes are fully documented and appropriately aligned with QQI guidelines.
8. Drumlin House Training Centre must ensure that all learner-facing documentation is reviewed to ensure it is appropriate to the intended audience, and that the 'easy-read' versions of its QA documentation are updated and comprehensive.
9. Drumlin House Training Centre must devise and implement a document control system to include:
  - a. Assigned ownership of policies and procedures to relevant staff members.
  - b. A schedule of review and renewal for policies and procedures.
  - c. Location of document storage area.

**Programmes of Education and Training**

10. Drumlin House Training Centre must review the new programme development and approval process to more clearly delineate the development of programmes intended for QQI validation and articulate the steps involved in this. Furthermore, Drumlin House Training Centre must consider the implications of the Panel's mandatory changes on this process.

**Staff Recruitment, Management and Development**

11. Drumlin House Training Centre must clearly document its new staff induction process.
12. Drumlin House Training Centre must further articulate its approach to the provision of continuing professional development (CPD) opportunities for staff.

**Teaching and Learning**

13. Drumlin House Training Centre must further articulate its teaching and learning strategy; in particular, the pedagogical principles which underpin teaching and learning and the methodologies used in the application of these principles by tutors.
  - a. Drumlin House Training Centre must ensure there is adequate provision of CPD opportunities around teaching and learning, particularly in relation to assistive technologies and Universal Design for Learning (UDL).

**Assessment of Learners**



14. Drumlin House Training Centre must revise Diagram 6.1 in the QA Manual (which outlines the assessment process) to clarify the occurrence and order certification and the appeals process.
15. Drumlin House Training Centre must more clearly articulate the roles of the internal verifier (IV) and the external authenticator (EA), the selection process for these roles, and the output of each respective process.

**Information and Data Management**

16. Drumlin House Training Centre must review the appropriacy and legal context of its data retention periods and provide an up-to-date records retention schedule with its revised documentation.

**Public Information and Communication**

17. Drumlin House Training Centre must develop a policy and procedure for quality assuring publicly available (published) information and the monitoring/updating of this.
  - a. The required information regarding Drumlin House Training Centre's currently validated programmes and associated requirements must be visible on its live website.

**7.2 Specific Advice****The following items of specific advice were identified at the conclusion of the original site visit:**

1. The Panel advises that Drumlin House Training Centre would benefit from reviewing the approved quality assurance procedures and QA approval process reports of other similar education and training providers.
2. Further to mandatory change 12, the Panel recommends that Drumlin House Training Centre devise a CPD schedule in order to embed a more systematic approach to professional development.

**The following items of specific advice were identified at the conclusion of the Panel's second reconvene meeting:**

3. The Panel recommends that DHTC includes quorums for all internal committees in terms of reference



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4. The Panel recommends that DHTC monitor the membership of the Senior Team to facilitate efficient and effective decision making.
5. The Panel recommends that DHTC include the programme approval steps to the programme development flowchart.
6. The Panel recommends that DHTC specify that assessment appeals relate to final approved result.

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NFQ Level(s) – min and max	Award Class(es)	Discipline areas
1 to 3	Major	Personal skills and development, arts and humanities
Delivered part time, face-to-face only.		

**Part 9 Approval by Chair of the Panel**

This report of the Panel is approved and submitted to QQI for its decision on the approval of the draft Quality Assurance Procedures of Drumlin House Training Centre.

Name: Dr Annie Doona

Date: 20<sup>th</sup> May 2024

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## **Annexe 1: Documentation provided to the Panel in the course of the Evaluation**

### Document

Application Form
Auditor's Letter
Business Continuity Plan
Certificate of Incorporation
Charities Registration
Constitution of Drumlin House Training Centre CLG
Cover Memos
Department of Education Confirmation of Funding
Financial Statements (2019-21)
GDPR Communications Policy
HSE Letter of Determination
HSE Service Level Arrangement
Insurance Documentation
Internal Report Relationships (chart)
Original & Revised Quality Assurance Handbooks
Revised Documentation
Risk Register
Tax Clearance Certificate

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## **Annexe 2: Provider staff met in the course of the Evaluation**

Name	Role/Position
Breege O'Reilly	Centre Manager
Sean Grogan	Board Member
Catherine Farrell	Chairperson
Ursula Cosgrove	Senior Instructor
Isobel Lord	Secretary
Gareth Swift	Instructor
Jenine Smith	Instructor
Mary Lambe	Support Staff

*Appendix:* Provider response to the Reengagement Panel Report





# drumlin house



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Quality & Qualifications Ireland  
26-27 Denzille Lande  
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D02 P266

27<sup>th</sup> May 2024

Dear Sirs

We acknowledge receipt of the Reengagement Panel Report and would like to thank the panel for their time and expertise in reviewing our documentation and processes.

We have examined the report and have found no factual inaccuracies and accept the panel decisions and recommendations.

The reengagement process has been a positive experience for Drumlin House and we welcome the recommendations which have resulted in improvement of the quality of our educational practices and service delivery.

We wish to thank Yvonne and QQI for the support and advice received throughout this process.

Yours faithfully

Breege O'Reilly  
Centre Manager