



<b>Title:</b>	<b>Quality Manual</b>		 <b>CRYSTAL LEAN</b> SOLUTIONS
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## 1. PURPOSE

The aim of this document is to provide a description of the Quality Management System (QMS) in use within Crystal Lean Solutions (hereinafter referred to as CLS). The purpose of the QMS is to embed both a quality and continuous improvement culture with the Learner experience central to the quality culture.

## 2. SCOPE

The scope of the Quality Manual is to inform learners, staff and trainers of the quality management system that operates in CLS in compliance with the QQI Core Guidelines which include:

### In Scope

- Governance and Management of Quality
- Documented Approach to Quality Assurance (QA)
- Programmes of Education and Training
- Staff Recruitment, Management and Development
- Teaching and Learning
- Assessment of Learners
- Supports for Learners
- Information and Data Management
- Public Information and Communication
- Other Parties involved in Education and Training
- Self-Evaluation, Monitoring and Review


### Out of Scope

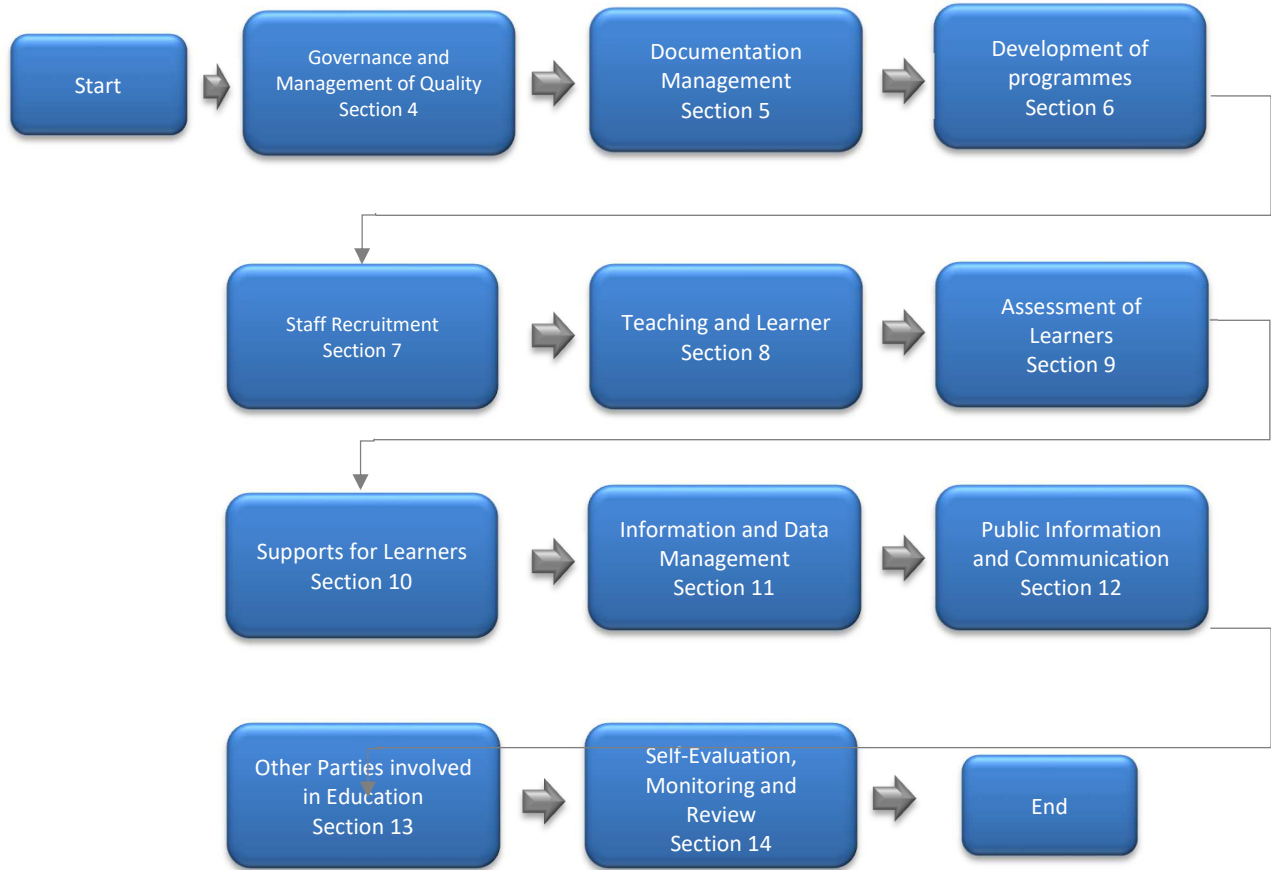
- Blended Learning
- Sub-Contracting

**References** used in the design, development, and implementation of the CLS QMS include:


1. Statutory Quality Assurance Guidelines developed by QQI for use by all Providers (April 2016/QG1-V2).
2. Policy on Quality Assurance Guidelines (April 2016/QP.10-V3).
3. Statutory Quality Assurance Guidelines developed by QQI for Independent/Private Providers coming to QQI on a Voluntary Basis (April 2016/QG2-V2).
4. Protection of Enrolled Learners: Protocols for the Implementation of Part 6 of the 2012 Act.
5. Policies and criteria for the validation of programmes of education and training (November 2017/QP.17-V1.03).

This Quality Manual provides a high-level description of the CLS QMS and how each of the QQI Core Quality Guidelines are implemented. It is designed with each section aligned with a QQI core guideline as outlined in Figure 1. Each section then points the user to a policy and procedure, where relevant, to execute the quality manual component. Table 1 includes the alignment from core guideline, Quality Manual section and relevant procedure and policy document.

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**Figure 1** General Structure of the Quality Manual


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**Table 1** Supporting Documents

QQI Core Principle	Manual Section	CLS SOP / Policies
1. Governance and Management of Quality	Section 4	POL-57: Quality Policy SOP-4: Governance Process SOP-1: Document Procedure SOP-34: Risk Management. SOP-5: Employee Development Training SOP-6: Self-Evaluation, Management Review and Continuous Improvement SOP-85 Strategic Planning
2. Documented Approach to Quality Assurance (QA)	Section 5	SOP-1: Document Procedure SOP-4: Governance Process POL-57 Quality Policy SOP-6: Self-Evaluation, Management Review and Continuous Improvement SOP-85 Strategic Planning SOP-80 Internal Audits
3. Programmes of Education and Training	Section 6	POL-8: Staff Recruitment SOP-53: Programme Development and Approval Process SOP-60: Learner Enrolment & Support Process SOP-6: Self-Evaluation, Management Review and Continuous Improvement
4. Staff Recruitment, Management and Development	Section 7	POL-8 Staff Recruitment Policy SOP-7: Staff Recruitment SOP-5: Employee Development Training SOP-6: Self-Evaluation, Management Review and Continuous Improvement
5. Teaching and Learning	Section 8	POL-64: Teaching & Learning MAN-77 Learner Manual SOP-6: Self-Evaluation, Management Review and Continuous Improvement SOP-53: Programme Development Process
6. Assessment of Learners	Section 9	SOP-60: Learner Enrolment & Support Process SOP-26: Learner Assessment Process SOP-73 Record Retention
7. Supports for Learners	Section 10	SOP-53: Programme Development Process SOP-6: Self-Evaluation, Management Review and Continuous Improvement

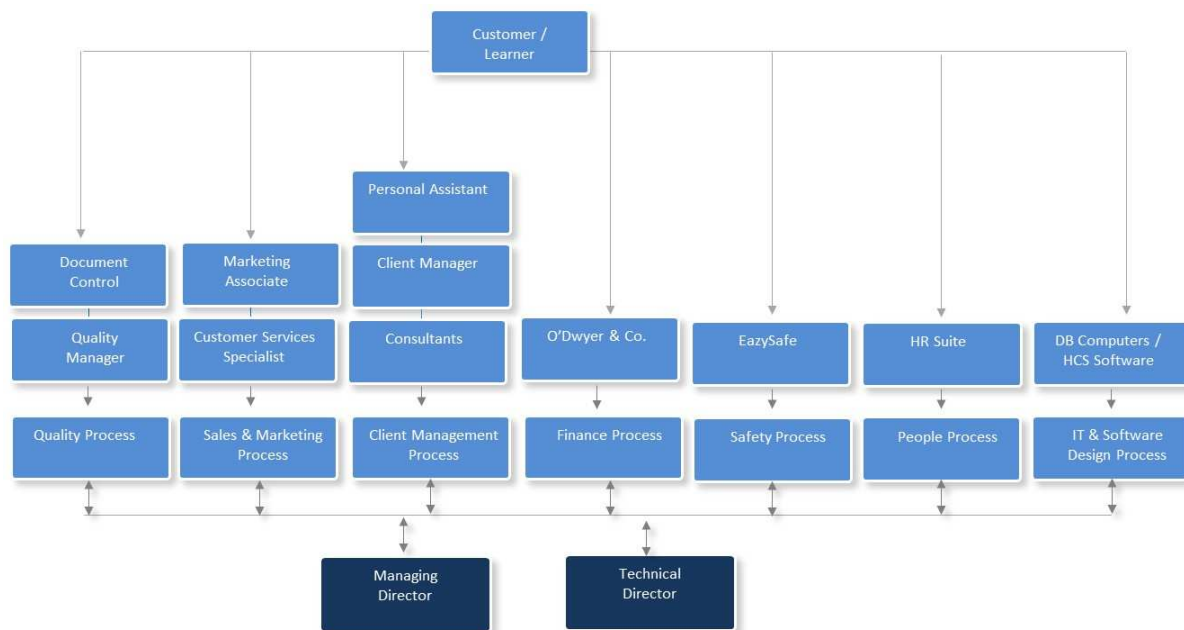
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QQI Core Principle	Manual Section	CLS SOP / Policies
		SOP-84 Support for Learners MAN-77 Learner Manual POL-69 Benchmarking
8. Information and Data Management	Section 11	SOP-73 Record Retention POL-49: Data Protection Policy
9. Public Information and Communication	Section 12	Refer to POL-68 Public Information & communication
10. Other Parties involved in Education and Training	Section 13	SOP-26 Learner Assessment Process
11. Self-Evaluation, Monitoring and Review	Section 14	SOP-6: Self-Evaluation, Management Review and Continuous Improvement


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### 3. RESPONSIBILITIES

CLS organisation structure is presented in Figure 2, where leadership support the team and the team delivers to our customers and valued Learners. CLS operates a process-based approach to the management of all aspects of the business. All employees have a role within the deployment of the CLS QMS, with each role involved in process teams. It is the responsibility of each employee to execute the Quality Manual and its associated policies and procedures, and SOP-4 Governance Process describes the process structure and key responsibilities of each process team.



**Figure 2** CLS Organisational Structure

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## 4. GOVERNANCE AND MANAGEMENT OF QUALITY (QQI CORE GUIDELINES 1)

### 4.1 Governance

**SOP-4 Governance Process** is in place to oversee the education and training, research, and related activity to ensure its quality. This governance structure enforces separation of responsibilities between those who produce/develop material (Programme Design Process Team) and those who approve it (Academic Process Team). The role of the Academic Process team is to make decisions with respect to programmes and approve programmes designed by the programme design team.

CLS structure is process focused, with process teams designed within the organization structure, documented in SOP-6 Governance Process, for the oversight of education and training, research, and related activities. The terms of reference for the process teams are documented and published in SOP-6 Governance Process to ensure objective oversight.

The quality assurance system includes procedures that ensure:

*a) A system of governance where objectives are aligned with vision and strategy*

CLS uses Deming's cycle of Plan Do Check Act with respect the selection, execution, monitoring and improvement of the Quality Management System which is aligned with the CLS Vision of "Delivering Excellence Together."

**SOP-84 Strategy Development** outlines the framework used to identify strategic and annual goals and objectives, with a particular focus on learner qualitative and quantitative objectives. Objectives are aligned with the strategic objectives, CLS Vision of "Delivering Excellence Together" and obligations to external stakeholders, including QQI (statutory, regulatory, or professional). Objectives are specified at a process team level to manage and control.


**SOP-6 Self-Evaluation, Management Review and Continuous Improvement** describes the describes the frequency of reviewing the performance of objectives against targets and evaluating the performance against targets to identify areas of improvement.

*b) The quality assurance system is owned by CLS process teams*

The quality assurance system is embedded into the processes of the business and maintained with the involvement of all CLS staff, all of which are team members of processes within the business. This includes all levels of management, administration, and trainers. The quality assurance system includes learners, who are the customers of the process and solicits feedback on both the processes and quality of delivery that are relevant to learners.

*c) A system of governance that protects the integrity of academic processes and standards*

**SOP-4 Governance Process** describes the system of governance within CLS, including the process team names and each of their associated responsibilities. The academic process teams primary focus is that of the learners with decision making focused on academic decision-making. The Academic process team is independent of commercial considerations. Academic decision-makers are appropriately qualified and experienced and are aware of available resources for programme delivery and ensure that standards are maintained.

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The Leadership process team includes the overall corporate decision-making within CLS and do not exercise exclusive authority or undue influence over academic decision-making.

*d) A system of governance that considers risk*

**SOP-34 Risk Management** describes the process for the identification, assessment, and management of risk. The system of governance described in SOP-4 ensure that CLS is not engaged in activities or partnerships that might undermine the integrity of the education and training offered or the awards in the National Framework of Qualifications to which they lead, either in Ireland or abroad. The risk management process described in SOP-34 can be utilized across the entire business, including other modes of provision, for example, alternative modes of delivery not embraced by the QA system. The consideration of risk also extends to and is not limited to:

- maintaining academic integrity
- the avoidance of academic or other fraud associated with provision and related services
- planning to ensure capacity to provide adequate services to the number and type of students recruited

*e) A system of governance that considers the results of internal and external evaluation*


**SOP-6 Self-Evaluation, Management Review and Continuous Improvement** describes the process that governs the review of internal and external evaluations, self-monitoring processes. An output of this process is the identification and development of appropriate responses, including action plans, taking into consideration historical trends with specific findings.

#### 4.2 Management of Quality Assurance (QA)

Quality assurance procedures form part of a coherent system within CLS, which are central to the promotion of a quality assurance culture. The basic activities captured in the policies and procedures of the quality management system which include:

- SOP-4 Governance process, which includes a description of the key business processes, the identification of roles and positions responsible for the implementation of quality assurance policies and procedures, which are clearly described and designated.
- SOP-6 Self-Evaluation, Management Review and Continuous Improvement includes key performance indicators from self-monitoring of processes that are tracked and monitored to measure the effectiveness of policies and procedures.
- SOP-6 Self-Evaluation, Management Review and Continuous Improvement includes process for systematic analysis of QA findings following self-evaluation involving stakeholders. This procedure includes a table of ownership for collection and analysis of data from associated processes.



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- SOP-80 Internal Audits outlines process to assess the performance of quality processes, with findings reviewed as part of SOP-6 Self-Evaluation, Management Review and Continuous Improvement process.
- SOP-6 Self Evaluation, Management Review and Continuous Improvement includes clear decision-making and follow-up action steps. An agenda is in place to ensure that an agenda is in place to ensure that all areas within SOP-6 are monitored and reviewed. A member of management is part of the academic team, with responsibilities included in SOP-4 Governance process. This ensures that management acts on the self-evaluation findings.
- SOP-6 Self-Evaluation, Management Review and Continuous Improvement includes in the agenda a review of the resource base to ensure that CLS resourcing is sufficient to ensure sustainability. Resourcing for programme deliver includes both financial and training resources required to support the sustainability of the teaching and learning environment and underpinning quality assurance system. CLS ensures through the quarterly review per SOP-6 that there are adequate resources available to undertake and complete the education and training or research programmes proposed. If a potential risk is identified, SOP 34 Risk Management procedure outlines process to manage risk identified and to ensure that CLS as a training provider remains viable at all times.


#### 4.3 Embedding a Quality Culture

CLS is committed to the active development of a positive, quality culture which recognises the importance of quality, quality assurance, quality improvement and enhancement.

**POL-57 Quality Policy** describes Senior Managements full commitment to a QA culture which includes a relentless focus on customers, compliance, and continuous improvement. CLS is committed to embedding a quality culture through the following processes:

**SOP-4 Governance Process** outlines the key processes within the business that manage different sections of the quality management system. This SOP includes roles and responsibilities of each process team to deploy quality as the way CLS operates the business. SOP-4 includes a graphic to summarises the policies and procedures that are owned by each of the process team or that the process team has an input into a process. With process teams responsible for the ownership of procedures and policies, this ensures that the QMS elements are designed by employees for employees while simultaneously meeting regulatory requirements.

**SOP-1 Document Management** provides details on how to control the documentation of the quality management system by process owners and includes details of the separate roles within the document management system, including author, reviewer, approver, and document control. The author considers the inputs of relevant employees for the creation and continuous improvement of process policies and procedures. CLS promotes the utilization of graphical process maps, including feedback and feedforward paths where relevant, to aid easy access and application of the documentation management system for users.

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**SOP-6 Self-Evaluation, Management Review and Continuous Improvement** describes the critical process that promotes continuous improvement as outlined in POL-57. This SOP describes the key objectives of the business to promote a quality culture and continuous focus on improving the Learner experience. Inputs from all processes, staff, trainers, and Learners are key inputs into the process. This also includes results from external reports and internal audits per SOP- 80. The key agenda covered within this process include:

- Management Review of Qualitative and Quantitative Data
- Review of KPI's
- Continuous improvement
- Action Plan review

**SOP-80 Internal Audits** promotes a culture of continuous improvement of CLS business processes. An internal audit schedule ensures that each policy and procedure is assessed to ensure that it is being deployed per the procedure. It is also an opportunity to identify process improvements as part of the discussion with relevant staff, trainers, and learners. The output of the Internal audits is then an input into the management review per SOP-6.

**SOP-6 Self-Evaluation, Management Review and Continuous Improvement** includes in the agenda a review of resources, including both adequate no of trainers and commercial requirements to support learner requirements.

**SOP-5 Employee Development Training** ensures that all personnel understand that quality, including activities such as identifying opportunities for improvement, is everyone's responsibility. Training and development commence from induction where the Managing Director meets with all new employees to explain CLS commitment to quality and the importance of living the quality culture every day.

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## 5. DOCUMENTED APPROACH TO QUALITY ASSURANCE (QQI CORE GUIDELINES 2)

### 5.1 Documented Policies and Procedures

The quality assurance system includes CLS's commitment to quality within POL-57 for all aspects of the business. It includes a specific commitment to quality with a focus on the Learner, including commitment to programme provision, research, and related activities as appropriate. It also refers to arrangements for the internal evaluation or review and continuous improvement of the effectiveness of the policies and procedures.

CLS has developed its policies and procedures to meet the requirements of statutory legislation including the following:


- Qualifications and Quality Assurance (Education and Training) Act 2012
- Employment Equality Acts 1998 - 2015
- Disability Act 2005
- Data Protection Act 2018

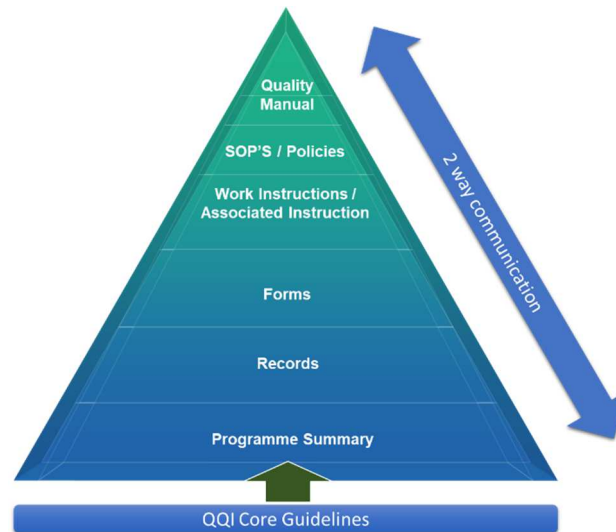
The quality assurance system is fully documented with robust, documented policies and associated procedures for the assurance of the quality and standards of provision with CLS. Figure 3 outlines the relationship between documents, with the QQI core guidelines the foundation of the quality management system.

**SOP-1 Document Management** procedure includes the process of creating and managing the lifecycle of policies and procedures to ensure that they are current, effective, and easily accessed. This procedure ensures that QMS documents are effective and fit for purpose. To further ensure that procedures are fit for purpose, SOP-1 includes details on the minimum review frequency for each document type. As part of this process, policies and procedures which are found to be ineffective are amended or replaced. The QMS Document Master Index tracks the lifecycle of each document and review history.

The Quality Management System spans both the corporate and academic domains, with both domains detailed in SOP-4 Governance process. Policies describe the commitment of the organisation and SOP's describe activities at all levels of the company to ensure that Quality is embedded across the organisation to bring the Quality Policy POL-57 to life within CLS.

The policy and procedures are translated into practice through SOP's, with SOP-4 Governance Process identifying key process teams, made up of staff members, with associated roles and responsibilities. SOP-6 Self-Evaluation, Management Review, and Continuous Improvement is a critical business process to review the business performance and promote culture of continuous improvement.


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**Figure 3** Integration of the QMS Documentation

**Policies and procedures within the QMS:**

- are informed by the QQI guidelines. Links are included in the relevant SOPs to ensure that the correct version of the QQI guidelines is always referenced by staff members.
- are available to all staff and trainers within the business, with effective documents available on SharePoint Document Management System portal (details are provided in SOP-1) in a usable format.
- are available, where relevant, to the public as required via the CLS website [www.crystalleansolutions.ie](http://www.crystalleansolutions.ie) in a usable format. Learner Manual MAN-77 is also provided to learners as a one source of truth to provide an overview of policies and procedures that are relevant to Learners.
- are fit for purpose and appropriate to the process-based approach within the organisation
- are integral to support the formal management of the business and form part of strategic management which is developed through SOP-85 Strategic Planning and managed via SOP-6 Self-Evaluation, Management Review, and Continuous Improvement.
- are designed with the Learner central to the design of the QMS and include consideration to all stakeholders of CLS.
- consistently support and promote a culture of quality. CLS's commitment to Quality is central to the culture of the business, as outlined in POL-57.
- facilitate diversity in all aspects of the business from staff recruitment to support of learners. Innovation and continuous improvement of CLS programmes offered will fuel an enhanced experience in quality for both staff and learners. Continuous improvement is incorporated into the QMS through SOP-6 Self-Evaluation, Management Review, and Continuous Improvement
- exclude any reference to sub-contracting of trainers, as staff deliver training of CLS programmes per section 2 of this Quality Manual MAN-54.


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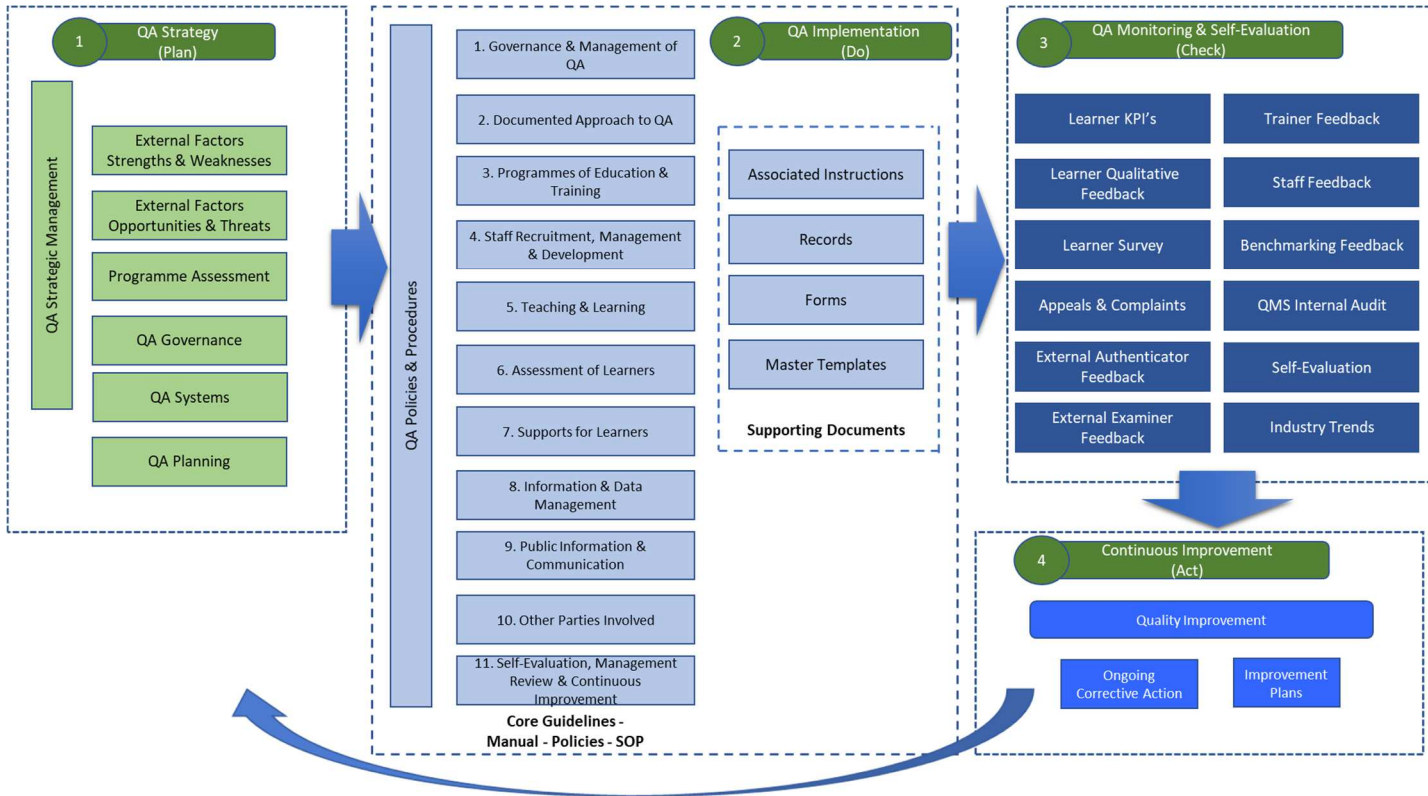
- demonstrate accountability with a continuous improvement mindset, with SOP-4 Governance Process outlining key roles within the business and SOP-6 Self-Evaluation, Management Review, and Continuous Improvement managing continuous improvement, which is one of the three core principles within the Quality policy POL-57.
- are reviewed periodically to ensure they are fit for purpose and remain effective per SOP-1 Document Procedure.
- are consistent with the requirements of relevant legislation including HR legislation, GDPR legislation, and financial requirements.

## 5.2 Comprehensive Nature of the QMS


CLS's QMS has been designed to be a comprehensive, integrated system which is documented in Figure 4. There are 4 key phases within the QMS, which follow the Plan Do Check Act Deming improvement cycle to relentlessly focus on the Learner journey.

- Strategic Planning:** This is the planning phase, which includes the strategic planning process per SOP-84 Strategy Development
- Strategy Deployment:** This is the "Do" phase, where policies and procedures, aligned with the QQI Core Guidelines, bring the QMS to life in CLS. Areas included in the deployment include trainer recruitment/selection, programme design, programme validation, programme delivery, assessment, and evaluation
- Monitoring Process:** To ensure that the strategy deployment processes are delivering the strategic development objectives and goals, there are two monitoring processes within CLS. SOP-80 Internal Audits assesses the effectiveness of the quality processes and SOP-6 Self Evaluation, Management Review, and Continuous Improvement monitors and reviews the performance of all business objectives and output from the Internal Audit process.
- Continuous Improvement Phase:** This includes actions to improve both business performance and QMS process effectiveness. The outcome from the Continuous Improvement Phase is the publication of findings.

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**Figure 4** Relationship between the QMS elements

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## 6. PROGRAMMES OF EDUCATION AND TRAINING (QQI CORE GUIDELINES 3)

### 6.1 Programme Development and Approval

**SOP-53 Programme Design and Approval Process** describes the systematic approach taken during the development, including any necessary internal or external consultation, evaluation, and approval of new programmes. Programme development is designed per QQI's [Policies and Criteria for Validation of Programmes](#). The scope of the SOP-53 includes for the Design and Approval of QQI CAS programmes, and the procedure ensures that programmes:

- are designed with overall programme objectives and strategies that are in line with the CLS strategy and have explicit intended learning outcomes
- are developed in line with the requirements of the National Framework of Qualifications and associated policies and procedures on Access, Transfer and Progression per Section 6.2 Learner Admission, Progression and Recognition
- are designed with the involvement of learners and other stakeholders where feasible
- define the expected learner workload through the provision of both programme time and self-directed time
- are compliant with internal and other regulatory or professional policies and requirements
- are subject to a formal internal approval process against defined criteria
- are subject to ongoing monitoring and periodic review per Section 7.3 Programme Monitoring and Review and Section 14 Self-Evaluation, Monitoring and Review.


The following is **out of scope** for the Design and Approval process, which is described in SOP-53 Programme Design and Approval:

- Due to the short-term nature of the training programmes provided, progression of learners to and from programmes is out of scope as it is not relevant to learners
- Due to the short-term nature of the training programmes provided, work placements are out of scope for the design of programmes.
- Blended learning is out of scope as a method of training design, delivery, and assessment.

### 6.2 Learner Admission, Progression and Recognition

**SOP-60 Learner Enrolment & Support Process** describes the requirements for learner admission, progression, recognition, and certification of awards. Where appropriate, this SOP is implemented in accordance with national policies and procedures for Access, Transfer and Progression (ATP). This procedure includes:

- Fit-for-purpose admission, recognition, and completion procedures for both learners from a public programme and from a client company
- Details of the provision of Learner Manual, which includes details of induction to both the provider and the programme.
- Process for collection of data on learner progression and completion rates, which is an input into SOP-6 Self-Evaluation, Management Review, and Continuous Improvement procedure, which monitors and acts on data collected.

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- The recognition of prior learning, including education and training qualifications, periods of study and prior learning, including the recognition of non-formal and informal learning.
- Commitment to co-operate with other providers and agencies as appropriate. There is co-operation with QQI as the national reference point for the EQF and the National Academic Recognition Information Centre (NARIC).

### 6.3 Programme Monitoring and Review

To continuously improve the quality of both the programmes delivered by CLS and the service experienced by learners, feedback is collected both from learners and staff for each programme delivered. Data is collected via SOP-60 Learner Enrolment & Support Process procedure and provides a valuable input into procedure SOP-6 Self-Evaluation, Management Review, and Continuous Improvement.

**SOP-6 Self-Evaluation, Management Review, and Continuous Improvement** procedure monitors and reviews the performance of programmes delivered. It also identifies the need for modification and continuous improvement of the programme and the delivery method as appropriate. Areas reviewed in the Self-Evaluation, Management Review, and Continuous Improvement include:

- Learner Key Performance Indicators (Learner Enrolment, Retention, Completion Rate, Learner Results, Certification Rate)
- Learner Feedback KPI's and Qualitative feedback (From Learner Feedback Questionnaire)
- Learner Appeals process feedback
- Programme Feedback from Trainers, Internal Authenticators, External Authenticators, and Support Staff
- Review the effectiveness of procedures for the assessment of learners from the Internal Audit programme
- Appropriateness of the programme content compared to other Training providers and to create a supportive and effective learning environment
- Updates of programme content; delivery modes; teaching and learning methods; learning supports and resources; and information provided to learners
- Update from third party, industry, or other stakeholders relevant to the programme(s) including external reports


Programme improvements documented from the review per SOP-6 are then managed through SOP-53 Programme Design and Approval procedure to determine

- (a) the appropriateness of the change and, if approved
- (b) defines the key actions required to make the changes to the programme content.

Changes made to the programme are managed via SOP-1 Documentation Procedure, with version control of programmes implemented as described in SOP-1.

The overall goal of the Programme Monitoring and Review process is to ensure that the programmes delivered achieve the set objectives and respond to the needs of learners and the changing needs of society.



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## 7. STAFF RECRUITMENT, MANAGEMENT AND DEVELOPMENT (QQI CORE GUIDELINES 4)

### 7.1 Staff Recruitment


CLS takes responsibility for the quality and competence of its staff and for providing them with a supportive environment in which they can effectively conduct their work. There is a systematic approach to recruitment, which is described in **SOP-7 Staff Recruitment** and **policy POL-8 Staff Recruitment Policy**. CLS ensures that all staff involved in teaching/instruction possess a suitable combination of qualification (education), training, and experience to undertake the role they are assigned successfully and competently, thereby enhancing the teaching, and learning environment for learners. Where appropriate, CLS provides for further professional development, as described in SOP-5 Employee Development Training, to ensure the ongoing knowledge advancement of personnel involved in programme development and delivery.

### 7.2 Staff Communication

Staff are kept informed on updates or issues relating to their programme areas. Viewpoints of, and feedback from, staff members comprise a crucial part of the CLS Self-Evaluation process and are collected on a periodic basis. This is described in SOP-6 Self-Evaluation, Management Review, and Continuous Improvement. A critical part of the agenda process for SOP-6 is to then provide feedback to process teams on any decisions or recommendations.

### 7.3 Staff Development

CLS is committed to continually improving and enhancing its programmes, services provided, customer service, internal processes, and personnel. **SOP-5 Employee Development Training** documented process is in place to identify appropriate opportunities for ongoing professional development of staff which includes, but is not limited to knowledge development, up-skilling, and innovation in teaching methods. Planning of staff training, and the resources to be committed to this, in addition to the process for induction of newly recruited personnel, are also described in SOP-5 Employee Development Training. The process for monitoring performance of personnel is described in SOP-5 Employee Development Training which includes providing feedback to staff and identifying of areas for improvement.

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## 8. TEACHING AND LEARNING (QQI CORE GUIDELINES 5)

### 8.1 Teaching and Learning

Effective teaching and learning are a vital part of this process. CLS seeks not only to facilitate learner's acquirement of the knowledge and skills needed to progress their own future careers, but also to guide learners towards recognising their own competencies and aptitudes and to develop confidence in their own abilities to progress their own learning, aligning to our Vision Statement of *"Delivering Excellence Together"*

**POL-64 Teaching & Learning policy** outlines the company's commitment to continually improving the quality of teaching and learning for all programmes that CLS provides. As part of its Continuous Improvement programme, CLS monitors the learning experience provided on an ongoing basis (refer to SOP-6 Self-Evaluation, Management Review and Continuous Improvement) and uses a data-driven approach to making improvements.

### 8.2 Promotion of Learning Ethos


**POL-64 Teaching & Learning policy** promotes an ethos of learning with the Learner central to the policy. The following are included in the policy with respect to the learning environment:

- Respects and attends to the diversity of learners and their needs, enabling flexible learning opportunities.
- Considers the use of different modes of delivery, where appropriate
- Flexibly uses a variety of pedagogical methods that are evaluated, monitored, and adjusted accordingly
- Encourages a sense of autonomy in the Learner, while encouraging adequate guidance and support for the Learner
- Promotes mutual respect within the Learner-trainer relationship

**POL-64 Teaching & Learning policy** promotes the continuous development of trainer capability to provide innovative teaching and learning approaches to maximize the opportunity for effective learning. POL-8 Staff Recruitment Policy with SOP-7 Staff Recruitment Procedure describe the process of hiring appropriately qualified trainers and SOP-5 Employee Development Training promotes the professional development of staff.

**Management of Complaints:** CLS strives for *"Delivering Excellence Together"* at all times to ensure an excellent and efficient high-quality service to its clients and learners. However, in recognition that errors or exceptions can occur, CLS is fully committed to ensuring that learners' complaints are considered and resolved in a sympathetic, timely, fair, consistent, and equitable manner. The overall aim is to provide guidance to resolve complaints should they occur and to prevent re-occurrence. **MAN-77 Learner Manual** provides details for learners to manage complaints.

**Management of Appeals:** If the event that a learner is not satisfied with the grade received or is incorrect a learner may submit an appeal. Before submitting an appeal, a learner will require to review feedback, review assessments, and prepare a coherent academic argument to explain reason for grade awarded was incorrect. **MAN-77 Learner Manual** provides details for learners how to process an appeal.

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### 8.3 National and International Effective Practice

CLS is committed to engaging with the wider national and international community of practice to enhance teaching and learning. Where appropriate, information from these sources is used as part of the design process as described in **SOP-53 Programme Development Process**, and continuous improvement programme **SOP-6 Self-Evaluation, Management Review and Continuous Improvement**.

### 8.4 Learning Environments

**POL-64 Teaching & Learning policy** describes a commitment to provide a learning environment that is conducive to enable learning to take place. SOP-60 Learner Enrolment and Support Process includes an assessment of the training venue per FOR-72 Venue Assessment Form to ensure that:

*a) The many contexts in which learning opportunities emerge*


For example, learners working collaboratively on projects in a suitably equipped room, or a training facility under supervision, with necessary technical support and access to required library references, technical and information systems. All these elements work together to support learning.

*b) Different learning environments*

Equal attention is paid to quality assurance of the learning environment either in a public venue or client venue.

*c) Physical premises, equipment, and facilities*

The provider regularly reviews the effectiveness of its premises, equipment, and facilities to ensure their continuing adequacy and effectiveness in relation to the programmes of education and training, research, and related services. This review is managed via **SOP-6 Self-Evaluation, Management Review and Continuous Improvement**

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## 9. ASSESSMENT OF LEARNERS (QQI CORE GUIDELINES 6)

### 9.1 Assessment of Learning Achievement

To ensure that learners are assessed consistently and fairly against the learning outcomes, CLS philosophy and approach is described in this section. The objective of the assessment process is to ensure that learners experience the standards of excellence in line with our Vision Statement, with a particular focus on fairness, consistency, and fitness for purpose of assessment in general. CLS also promotes assessments that are straightforward, efficient, timely, and transparent. The process ensures a fair and consistent demonstration of the achievement of learning.

**SOP-26 Learner Assessment Process** procedure include, but are not limited to:

1. Learner responsibility for demonstrating learning achievement through the provision of an Assignment Brief
2. How assessment is based on learning outcomes
3. How assessment supports effective teaching and learning
4. Review of assessment methods to ensure they remain current
5. The points in the programme at which assessment is performed
6. How and when results of assessments and, where appropriate, further feedback, are provided to learners
7. The security and credibility of the assessment processes
8. Process for appeals.


**SOP-26 Learner Assessment Process** describes the assessment design framework for both in-house assessment and formal assessment leading to certification. The Learner Assessment process is designed in alignment with the [QQI Quality Assuring Assessment Guidelines for Providers](#). The scope of this procedure includes:

- Assessment Design to assess against learning outcomes
- Assessment materials, including design of examination questions, assignments, assignment brief, marking system
- Learner work management via the Assessment brief
- Assessment process including, invigilation of exams, statement of authentication
- Management of Records of learner assessments
- Appeals and Complaints process available for learner

**SOP-60 Enrolment and Support** process includes details of the systems in place for the administration, security and integrity of assessment processes supported by the information and data management policies in section 11.

The process of appeals from assessment results is communicated to Learners through the Learner Manual MAN-77, which is provided to Learners on commencement of programme.

**SOP-1 Document Procedure** outlines the process of managing completed assessments and **SOP-73 Record Retention** includes details of Retention of assessment records.


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**Continuous Improvement:**

With continuous improvement at the heart of CLS quality policy, the CLS **Internal Audit SOP-80** includes a sample selection of learners to request their feedback on their experience of the assessment process. The results from this audit of learners are then reviewed per the procedure **SOP-6 Self-Evaluation, Management Review and Continuous Improvement**.

To ensure CLS award outcomes and other programme data compare favourably with those of other providers operating in the same area, nationally or internationally, Benchmarking Policy POL-69 outlines CLS’s commitment to benchmarking programmes as an opportunity for improvement. The results from benchmarking are then reviewed per the procedure **SOP-6 Self-Evaluation, Management Review, and Continuous Improvement**.

Other inputs into **SOP-6 Self-Evaluation, Management Review, and Continuous Improvement** process that focus on the improvement of the assessment process include review of learner result trends and other relevant feedback from the Examination Process.

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## 10. SUPPORTS FOR LEARNERS (QQI CORE GUIDELINES 7)

### 10.1 An integrated approach from the perspective of the Learner

CLS strives to facilitate diversity during programme delivery, both during design phase and during programme delivery as described in POL-64 Teaching and Learning policy.

#### *a) An integrated approach from the perspective of the Learner*

**SOP-84 Learner Support** describes the supports available for learners that are fit for purpose. Learners are informed about the full range of services available to them through the Learner Manual MAN-77 as part of the onboarding process and **SOP-84 Learner Support** is available on the CLS website at [www.crystalleansolutions.ie](http://www.crystalleansolutions.ie).

**SOP-84 Learner Support** procedure includes

- Details of annual learner survey to elicit feedback from learners' overall impression of learning resources,
- Learner supports available
- Venue evaluation
- Access to both qualified trainer and administrative support
- learner perspectives about the sufficiency and quality of learning resources and supports
- Learner Manual MAN-77
- SOP-6 Self-Evaluation, Management Review and Continuous Improvement includes the process of monitoring, evaluating, and identifying potential areas of improvement of the Learner support process.

Learner resources and supports are bench marked against standards per **POL-69 Benchmarking** to ensure high standards of learning support.


#### *b) Pastoral Care for International Learners*

It is not envisaged that CLS will have international learners on programmes offered, with Ireland the primary target market. In the event that CLS widens the market to include international learners, [The Code of Practice for Provision of Education and Training to International Learners](#) will be reviewed, integrated into QMS procedure and complied with where applicable.

#### *c) Access to services related to programmes*

The adequacy and effectiveness of all academic and other support services related to the programme of education and training are regularly reviewed, such as:

- Quality of information and reference material for programmes
- Learner support services (both academic and non-academic)
- Administrative services
- Communication services
- Other support services relevant to provision

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Details of Trainer and Support staff are provided to Learners during enrolment, and both are qualified and have opportunities for staff development to support the adult learner profile


**d) *Learner representation***

**SOP-84 Learner Support** procedure includes details of Learner representation available to programmes with a duration longer than 2 days.

For in house programmes, typically the point of contact is the Learner representative and for public programmes, supports are in place to offer option for a learner representative.

**e) *Guidance***

CLS staff are committed to providing all relevant and appropriate support to learners partaking in their programmes and to ensure that learners have access to these supports, academic and administrative. Prior to learners enrolling on a programme, any relevant guidance is provided where applicable. Typically, programmes run by CLS do not include formal progression to other programmes. Trainers are available to provide advice of selection of relevant programme to support their own personal career pathways if required.

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## 11. INFORMATION AND DATA MANAGEMENT (QQI CORE GUIDELINES 8)

### 11.1 Information Systems and Management of Data

CLS recognises the importance of reliable data and information for decision making and administration of the business. As such it has systems for the processing and handling of data and information to ensure that it is robustly and accurately maintained in a manner which allows it to be accessed and utilised when needed. CLS further ensures that data is held in accordance with appropriate legislation. This is described in **SOP-73 Record Retention** and **POL-49 Data Protection**.

This data includes, but is not limited to:

- Learner data and records (personal details, assessment results, awards)
- Key Performance Indicators and data used for benchmarking, strategic business planning and Management Review exercises (e.g., learner numbers, learner demographics, learner progression, completion rates)
- Reports generated for internal quality management and improvement as well as any data generated for external regulatory or professional reasons (e.g., QQI database of programmes and awards)
- Reports on data analysis and continuous improvement initiatives.


### 11.2 Records Management

Quality related records are maintained as described in **SOP-73 Record Retention**. This SOP describes how long records are maintained for and what happens to records at the end of their retention period. Such records include, but are not limited to self-monitoring reports, evaluation reports, management review and other Quality meeting minutes, and any follow-up reports.

### 11.3 Data Protection

CLS has processes in place to ensure that data is managed in accordance with relevant legislation. This is described in **POL-49 Data Protection** and includes access control, back-up systems, providing clarity to learners on what information is collected and for what purpose it will be used.



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## 12. PUBLIC INFORMATION AND COMMUNICATION (QQI CORE GUIDELINES 9)

### 12.1 Public information

Public information includes information on CLS training programmes, CLS quality assurance policies and procedures and evaluation and findings from quality assurance evaluations.

**POL-68 Public Information & Communication policy** describes CLS's commitment to ensure that this information is available to the public and is clear, objective, accurate, current, and easily accessible and in compliance with any necessary regulatory requirements. The policy aligns with the spirit and requirements of the 2012 Act including:

- the requirements specified on preparing and reporting on quality assurance procedures
- publishing quality assurance procedures
- information relating to accreditation/validation of programmes
- programmes that are nonaccredited or do not lead to awards
- the completion of programmes and attainment of standards
- information for enrolled learners
- the QQI register of providers and the database of awards and programmes maintained by QQI.


### 12.2 Learner information

CLS commits that all relevant programme information is available to prospective and current learners in a manner which is honest, transparent and facilitates comparison, which is in the form of a Programme outline. This includes but not limited to:

- Whether or not a programme leads to an award
- The name of the awarding body
- The title of the award and whether it is recognised on the NFQ. If it is, information on the award type and NFQ level.
- Details of the Protection of Enrolled Learner (PEL) arrangements in place per SOP 60 Learner Enrollment and Support Process.

### 12.3 Publication of QA Evaluation Reports

CLS commits to providing, on its website (in a clear and accessible manner), reports of key, formal quality evaluations and, where appropriate, a quality improvement plan, as soon as is practicable after the evaluation event. This is reflected in POL-68 Public Information & Communication policy and SOP-6 Self-Evaluation, Management Review and Continuous Improvement manages the action to publish as public information.

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### 13. OTHER PARTIES INVOLVED IN EDUCATION AND TRAINING (QQI CORE GUIDELINES 10)

#### 13.1 Peer relationships with the broader education and training community

Education and training lead to recognised qualifications. Awards made on the National Framework of Qualifications are intended to promote mutual recognition and confidence in the learning outcomes attained by learners. Other awards, accreditations, both in Ireland and abroad, offered by CLS are organised with reputable bodies and are subject to appropriate internal and external quality assurance procedures as that of QQI programmes offered. The nature of all such arrangements will be published on the CLS website at [www.crystalleansolutions.ie](http://www.crystalleansolutions.ie).

#### 13.2 External Partnerships


CLS do not utilize the services of second providers which is out of scope per section 2 and CLS employee trainers cover in the eventuality that the assigned trainer is unavailable.

#### 13.3 External Authenticators

CLS employ external authenticators as part of the assessment process. SOP-26 Learner Assessment Process includes details of the requirements of an independent external authenticator. The selection criteria are documented in section 4.4.3 with the external authenticator signing FOR-38 as a record to commit to compliance to the code of practice and guidelines issued by QQI.

In the event where CLS may need to engage with external, independent, national, or international experts to function as expert examiners or panellists, CLS commits to prepare written criteria for the selection and recruitment of such experts, prior to their engagement. The use of any external experts in this context will be conducted in compliance with QQI and any other regulatory requirements

Independence and expertise are reviewed each time a person is engaged because both are subject to change. The names and affiliations of expert panellists, examiners and authenticators and other external experts associated with the provider are collated and monitored by CLS.

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## 14. SELF-EVALUATION, MONITORING AND REVIEW (QQI CORE GUIDELINES 11)

### 14.1 Introduction


As outlined in the Quality Policy POL-57, CLS is committed to continuous improvement as a key element of the business and that of the quality management system. To support continuous improvement, a self-monitoring and self-evaluation process is an essential part of all quality assurance activities which is incorporated into the QMS. Section 14.2 outlines the process for self-monitoring and section 14.3 outlines the process for self-evaluation and continuous improvement. The procedure includes the purpose, responsibilities, processes, documented outcomes and includes who requires communication from these outcomes. Section 15.4 details the alignment between the outcomes of self-monitoring and self-evaluation as an input into Self Evaluation report. The purpose of this process is to review, evaluate and report on the education, training, research, and related services provided by CLS and the quality assurance system and procedures which underpin these. These reviews are available for review as part of the external review cycle.

### 14.2 Internal Self-Monitoring

CLS recognises that self-monitoring of the company's QMS, and the programmes it provides, is a fundamental part of excellence in the provision of education and training.

**SOP-6 Self-Evaluation, Management Review and Continuous Improvement** describes the company's approach to self-monitoring, including how KPIs are developed and used to monitor company processes and programmes on an ongoing basis. It further describes how the data generated relating during ongoing monitoring of services and programmes is used to assess performance versus goals, it includes:

- Learner Performance Key Performance Indicators (KPI's) that can be checked in monitoring, for example, learner satisfaction ratings, completion / certification rates, completion rates retention rate. The quality system monitors these key performance indicators and progress against objectives.
- Objective targets and tracking KPI performance against targets. Objectives and targets are set for both lagging metrics, such as completion rate, and for leading metrics, which centres around the performance of QMS processes and customer satisfaction with areas of improvements.
- Prioritisation of objectives where relevant. Currently SOP-6 includes sources of data to monitor that are considered critical to the business including:

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- Learner Key Performance Indicators
  - Learner Feedback KPI's and Qualitative feedback
  - Learner Appeals process feedback
  - Programme Feedback
  - Resource Requirements
  - Programme Validation status and feedback
  - Development Requirements
  - QMS Audit Results
  - Risk Management outputs
  - Benchmarking Programme indicators
- Action plan is documented on FOR-61 Action Plan including owner following completion of section 15.3 Self Evaluation and Continuous Improvement. The action plan identifies the person(s) responsible for actions and follow-up.

### 14.3 Self-Evaluation and Continuous Improvement


Self-evaluation is taken as an opportunity to engage in crucially important dialogue with stakeholders, including learners, collaborative partners, and staff members to assess the impact of the QMS on stakeholders, rather than the policies and procedures.

**SOP-6 Self-Evaluation, Management Review and Continuous Improvement** describes the company's approach to self-evaluation and continuous improvement, which follows and includes the results from the self-monitoring process outlined in section 15.2.

Continuous improvement is at the heart of the QMS and Quality Policy. SOP-6 includes a commitment to Continuous Improvement and provides details of the Deming Cycle of Plan Do Check Act as a method of continuous improvement.

There are two primary outputs from SOP-6:



- a self-evaluation report, including findings and recommendations for improvement which are documented on FOR-61 Self-Evaluation Report and Action Plan.
- Documented Improvement action plan on FOR-61 Self-Evaluation Report and Action Plan detailing action and action owner to address the recommendations within the self-evaluation report, and who will have responsibility for doing so. The self-evaluation report consolidates areas of effective practice and addresses areas requiring improvement. Actions agreed following self-evaluation are implemented and have their intended effect.

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## 15. REVISION HISTORY

Revision #	Reason for Revision
1	Original Version

## 16. DOCUMENT APPROVALS

Role	Name	Signature and Date
<b>Author</b>	Maria Ryan	 24/02/2022
<b>Approver</b>	Christy Murphy	 24/02/2022