

## **Ensis Solutions Limited**

Report following a monitoring visit to a 'requires improvement' provider

**Unique reference number:** 1276475

Name of lead inspector:

Alison Cameron Brandwood, Her Majesty's

Inspector

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**Type of provider:** Independent learning provider

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## **Monitoring visit: main findings**

## Context and focus of visit

Ensis Solutions Limited (Ensis) was inspected in July 2019. At that time, inspectors judged the overall effectiveness of the provision to require improvement.

The focus of this monitoring visit was to evaluate the progress that leaders and managers have made in addressing the main areas for improvement identified at the previous inspection.

Ensis is based in Leigh, Greater Manchester. At the time of the visit, 236 apprentices were following programmes at levels 2, 3 and 5. All apprentices are over 19 years of age. The provider offers eight apprenticeships, almost all of which are standards based. Over three quarters of apprentices follow programmes in health and social care (adult care). The remaining apprentices study apprenticeships in leadership and management, customer service and business administration.

The impact of COVID-19 (coronavirus) has been taken into account in the findings and progress judgements below.

## **Themes**

How much progress have leaders made in implementing a robust quality assurance process that accurately measures the quality of education and ensures apprentices receive high-quality training?

**Insufficient progress** 

Leaders have been too slow to rectify the weaknesses identified at the previous full inspection. It is too soon to see the impact of most of the improvement actions leaders have recently put in place.

Leaders do not have sufficient oversight of the progress that apprentices make on their programmes. The reports they receive do not identify the extent to which apprentices develop substantial new knowledge, skills and behaviours as a result of their apprenticeship. Leaders are unaware of which groups of apprentices are falling behind and consequently cannot identify which apprentices need support to catch up. Over one third of apprentices have not completed their apprenticeship on time.

Most apprentices make slow progress on their apprenticeship. They have experienced significant disruption to their learning because of the high turnover of tutors. Leaders have not swiftly resolved staff performance issues or recruited new staff to support apprentices' development. Leaders have only recently appointed a manager with expertise in the health and social care sector. Since this appointment, leaders and managers have reviewed, developed and introduced a new curriculum for health and social care apprentices. It is too soon to see the impact of these



changes on the development of apprentices' knowledge, skills and behaviours on the course or in their workplace.

Leaders have put in place changes to their quality assurance and improvement processes. They use the information about the areas for improvement identified during observations of teaching and learning to inform staff training. Tutors recently attended training in teaching online and pedagogy. It is too soon to see the impact of the changes they have introduced on the quality of education.

Since the previous full inspection, leaders have revised their curriculum offer to focus on providing apprenticeships for the care sector. They have narrowed the regions from which they recruit apprentices to the north west, west Yorkshire and Birmingham.

What progress have leaders made in ensuring the involvement of employers in the development of their apprentices' curriculum and reviewing their progress? **Insufficient progress** 

Leaders have been too slow to introduce changes to the way they engage employers. They have only recently involved employers in developing their apprentices' curriculum. A few employers and their apprentices select optional modules that are most suited to the knowledge and skills needed by the care home and apprentices' future ambitions. These employers benefit from the knowledge and increased confidence apprentices bring to their business, such as acting as palliative care champions. Most employers have not had the opportunity to select optional modules with their apprentices. Consequently, apprentices choose fewer challenging modules, such as in moving and handling.

Leaders recently introduced plans for employers to be involved in their apprentices' reviews. At the time of the visit, the majority of employers were not involved in reviewing apprentices' progress. Employers do not contribute to setting challenging targets for apprentices. A few apprentices complete their off-the-job training in their own time.

How much progress have leaders made in ensuring that apprentices benefit from high-quality training that leads to the development of substantial new knowledge, skills and behaviours for apprentices, enabling them to progress successfully through their programme?

**Insufficient progress** 

Leaders do not have in place an ambitious curriculum for all apprentices. They have recently designed a curriculum for new apprentices that is flexible and meets the needs of employers. It consists of individual coaching sessions and group master classes that apprentices currently attend remotely because of the COVID-19 pandemic. The master classes include more challenging topics such as Lewy body dementia, medication control and end-of-life care. Most apprentices do not benefit



from the new individualised curriculum because leaders have not rolled it out to all apprentices.

Most apprentices do not benefit from a challenging individualised learning programme. Managers do not use the information they collect about apprentices' past work history, qualifications and career plans to plan learning. Staff do not set apprentices clear targets to help them improve. Tutors do not provide sufficient feedback to help apprentices build the knowledge, skills and behaviours they need at work.

Leaders have not routinely recruited apprentices with integrity. Apprentices are often very experienced practitioners, with some having over 25 years in practice. They deepen their understanding of aspects such as why they need to roll residents who lack mobility. Most apprentices, however, do not develop substantial new knowledge, skills and behaviours.



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