

MONITORING VISIT: MAIN FINDINGS

Name of Provider: Learn to Care
Date of visit: 12 July 2007

Context

Learn to Care is a peripatetic training and assessment centre based in Whitstable. It was founded in 2002 with the aim of fulfilling the targets specified within the ESF project Learn to Care. Learn to Care Ltd is now part of a group of companies owned by the Enterprising Opportunities CIC and operates as a social enterprise. Its remit is to support the development of sustainable businesses which give opportunities for training and employment to disadvantaged individuals within the local community. The company continues to specialise in the delivery of national Vocational Qualifications (NVQs) within the health and social care sector and has an increasing number of Train to Gain learners. At the previous inspection all aspects of the provision were judged to be satisfactory.

Achievement and standards

Are high success rates being maintained?	Significant progress
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At the previous inspection, overall success rates were high, at approximately 67% for 2004-05. Overall success rates for the provider's major NVQ and registered manager award (RMA) programmes remain high, and have risen to around 72%. For NVQ programmes at level 2 and level 3, success rates fell slightly during 2004-05, before the previous inspection when new standards were introduced. Success rates rose again during 2005-06 and again in 2006-07. The in-year success rate for the NVQ at level 3 is 75%, with nearly 20% of learners still on programme. For NVQs at level 2, in-year success rates are around 70%, with 17% of learners still on programme. Timely success rates have shown a steady improvement across the past three years and are now satisfactory or better for all programmes.

Quality of provision

What improvements have been made in the arrangements to meet learners' individual needs?	Significant progress
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Since the previous inspection, Learn to Care has taken significant steps meet the additional needs of learners. Staff have researched different models of working. A

skills for life specialist has been appointed to lead on the embedding of literacy and numeracy skills into the NVQ programme. Starting with level 2 provision, an initial screening and diagnosis has been introduced and can be completed on-line. This identifies learners' specific literacy and numeracy skills needs. To embed basic skills into the programmes, Learn to Care is re-writing subject work books, and is including exercises to develop the specific literacy or numeracy required for that aspect of the NVQ. Employers have been encouraged to support learners who need time to develop their skills. Learners who need more support before starting their NVQ are provided with support to reach the required literacy and numeracy level. Referrals can be made to external dyslexia specialists where required. Fortnightly drop-in basic skills workshops are available and are well used by learners. Resources have improved substantially and trainers have access to a range of paper-based and electronic resources to support the work books. All NVQ training staff are taking level 2 in literacy and numeracy, and the plan is for them to move on to level 3. The first group of learners has completed the assessments, and the outcomes have been integrated with the revised individual learning plans. Learners have started to use the workbooks and are soon to have their first progress reviews. Plans are in place to monitor the effectiveness of the skills for life arrangements and the impact on learners, following the first learner review.

Leadership and management

Have the adequacy of the self-assessment process and development plan been maintained?	Significant progress
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Learn to Care produced its first self-assessment report immediately before the previous inspection in 2006. The initial report was too descriptive and was not sufficiently evaluative. Managers have reviewed and improved the self-assessment process, and the current report is now more detailed and critical. Key judgements are fully supported by evidence, and there is judicious use of data to support strengths and weaknesses. All staff and learners, as well as most employers and customers, are now involved in the self-assessment process. Strengths and weaknesses of provision were initially identified during monthly team meetings, and confirmed at subsequent management meetings. The current report makes good reference to the maintenance of strengths and measures to address weaknesses in provision.

Have management information systems been improved to better support decision making?	Reasonable progress
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Management information systems have been improved, and Learn to Care managers are now better informed about the quality of provision. The company now makes good use of the data and management information facilities afforded by incorporation into a larger company structure. A new management information suite allows the company to collect and analyse data on key aspects of its activities, and managers evaluate this data effectively. New reports on learners' progress are now

monitored more effectively at both individual and learner group level. Improved systems are in place to identify learners' slow progress, and there is good monitoring of individual assessors' performance. Assessors have had full training in the use of new data systems, and have bi-monthly supervision meetings with managers where learners' progress is discussed. Where learners are identified as being at risk of non-completion, or are making slow progress, Learn to Care takes prompt action. The company now uses data effectively to identify trends over time, and to assess the effectiveness of actions taken to recruit particular groups of learners.

What improvements have been made to quality improvement arrangements? How effective are they?	Reasonable progress
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Learn to Care has improved the quality improvement arrangements since the previous inspection. The learners' journey has always been monitored through the internal verification process, but more emphasis is now placed on the quality of the documentation, such as the revised individual learning plan. Learners receive an excellent common induction standards workbook for care workers and the induction process is thorough. The self-assessment process has improved and the action plan is now brought into line with business plan. A document pulling together an annual cycle of activities is currently being developed. The current arrangements do not provide sufficient coherence to the variety of sources of evidence available at different points in the year. Further work is also needed in setting key performance indicators in the business plan that show year on year improvements or variations over time. Currently the targets only relate to business volumes. The useful data collected on aspects of equality and diversity, and on rates of achievement, are not yet integrated with business planning.