

Career Development Center Limited

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Background information

Inspection judgements

Inspectors use a four-point scale to summarise their judgements about achievement and standards, the quality of provision, and leadership and management, which includes a grade for equality of opportunity.

Key for inspection grades

Grade 1	Outstanding
Grade 2	Good
Grade 3	Satisfactory
Grade 4	Inadequate

Further information can be found on how inspection judgements are made on www.ofsted.gov.uk.

Scope of the inspection

In deciding the scope of the inspection, inspectors take account of the provider's most recent self-assessment report and development plans, and comments from the local Learning and Skills Council (LSC) or other funding body. Where appropriate, inspectors also consider the previous inspection report (www.ofsted.gov.uk), reports from the inspectorates' monitoring visits, and data on learners and their achievements over the period since the previous inspection.

In addition to reporting on overall effectiveness of the organisation, its capacity to improve further, achievement and standards, quality of provision and leadership and management, this inspection focused on specialist provision in:

- Health, public services and care

Description of the provider

1. Career Development Center Limited (CDC) was founded as a partnership in 1998 and became a private limited company in 2002. CDC's head office is located in Woodford Green, Essex. Another office has recently opened at Wyboston in Bedfordshire. CDC employs 65 full and part-time staff. About 95% of CDC's business is government funded. CDC has a direct contract with Suffolk LSC for the provision of Train to Gain in the east of England. CDC mainly delivers training in health and social care and early years and playwork. A management restructure took place at the beginning of 2009.
2. A total of 611 learners are on separate training programmes. Train to Gain programmes lead to National Vocational Qualifications (NVQ) at levels 2 and 3 and certificates in adult literacy and numeracy. Some 286 learners are working towards a health and social care NVQ, 15 are working towards an early years NVQ and four are working towards a playwork NVQ. A further 21 learners are working towards customer service NVQs. The number of learners working towards literacy and numeracy qualifications has recently increased with 285 learners currently enrolled. This is too recent to inspect as learners are at the initial assessment stage of training. Approximately 16% of learners are from minority ethnic groups. According to the 2001 census, 3% of the local community in Redbridge are from minority ethnic groups. The proportion in the east of England is 3.8% as a whole. This is CDC's first inspection.

Summary of grades awarded

Effectiveness of provision	Satisfactory: Grade 3
Capacity to improve	Satisfactory: Grade 3
Achievement and standards	Good: Grade 2
Quality of provision	Satisfactory: Grade 3
Leadership and management	Satisfactory: Grade 3
Equality of opportunity	Contributory grade: Satisfactory: Grade 3

Sector subject area

Health, public services and care	Satisfactory: Grade 3
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Overall judgement

Effectiveness of provision

Satisfactory: Grade 3

3. The overall effectiveness of the provision is satisfactory. Achievement and standards are good. The quality of provision is satisfactory overall. The provision is good at meeting the needs of learners and employers. Teaching and learning and support and guidance are satisfactory. Leadership and management and the arrangements for equality of opportunity are satisfactory. Social inclusion is good.

Capacity to improve

Satisfactory: Grade 3

4. Capacity to improve is satisfactory. CDC has maintained good overall success rates during a period of substantial growth of learners and staff, but timely success rates have been low. CDC has good relationships with employers. Managers and staff share a commitment to serving employers' and learners' needs. Many of the formal measures to assure and improve quality are underdeveloped. Training of groups of learners is observed and procedures are in place to share good practice. However, sharing of good practice in initial advice and guidance has been insufficient. Observations of training and reviews in the workplace have not taken place. Internal verification satisfactorily assures the assessment process. Audits of completed learners' paperwork take place but have had little impact on improving target setting. More effective performance monitoring has been put in place during 2009 but has yet to impact sufficiently on the timely success rates of learners.
5. The self-assessment process is satisfactory. The current self-assessment report is CDC's third formal self-assessment report. Managers carry out the self-assessment process and share the findings of the report with staff, many of whom are new to the company. Insufficient use is made of the views of learners and employers. The report identifies many of the key strengths and most of the areas for improvement found by inspectors and was accurate in most judgements about the quality of the provision. However, resultant quality improvement planning is not sufficiently structured to allow easy monitoring of progress against targets.

Key strengths

- High overall success rates
- Good improvements in work practices and confidence of learners
- Particularly effective flexible support for learners
- Good promotion and participation in training of under-represented groups

Key areas for improvement

- Low timely success rates
- Inadequate review and target setting process
- Insufficiently detailed induction process
- Underdeveloped quality improvement procedures

Main findings

Achievement and standards

Good: Grade 2

6. Achievement and standards are good. In 2007/08, the overall success rate for health and social care was high at 99%. However, timely success rates were low at 29%. For 2008/09, overall success rates are currently 86% and 0% for timely success. Many learners progress from level 2 to level 3 qualifications. Learners, regardless of ethnic background, gender or learning difficulties/disabilities, have broadly the same success in achieving their qualifications.
7. Social care learners develop particularly good work skills, as identified in the self-assessment report. In some cases this has led to promotion. Both learners and employers recognise the increased self-esteem and confidence in the workplace as well as improved work practices following completion of the NVQs. Many learners are more knowledgeable about processes and procedures and have an improved understanding of the impact of legislation in the workplace and on their own job roles. Learners value their qualification and the opportunity to learn at work.
8. Employers appreciate improvements in work practices. Learners in one care home are now completing good quality, detailed care plans. Others are now able to carry out effective supervision meetings with staff and reflect better on their own practice. They are also more proactive in identifying improvements at staff meetings. The standard of work in portfolios is satisfactory with evidence relevant to workplace activities.

Quality of provision

Satisfactory: Grade 3

9. The quality of provision is satisfactory overall. Teaching and learning are satisfactory. Learners benefit from good support across the provision. This is identified in the self-assessment report. Assessors work effectively and flexibly to meet the needs of learners, arranging visits and training sessions around learners' shift and work patterns. Appointments are arranged for day and evening meetings at various locations and learners appreciate the responsiveness of assessors to their queries and the impact this has on their day-to-day work. Assessors are knowledgeable and make good use of their own vocational experience to enhance training sessions, engage learners and retain their interest. Assessors visit learners every two to four weeks, at times convenient to the learners, to help them complete their qualification. They have good relationships with learners and are available to support them outside working hours, including weekends. Assessors are sensitive to personal issues that may affect learning.

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10. Literacy and numeracy support has not been consistently offered to learners. Many receive good support while some level 3 learners have only recently been offered support. Assessors are not always clear on how to identify and support learners with learning difficulties such as dyslexia. Staff are undertaking training to update and improve their skills to support the literacy and numeracy needs of their learners. Staff speak a range of languages, which has helped meet the language needs of learners. Equality of opportunity is promoted as part of the NVQs.
 11. Assessment practices are satisfactory. Learners understand the assessment process. Assessment is flexible and modified to meet the learners' needs. Feedback to learners after observations is clear and action points are recorded for future visits. Assessors make good use of open questioning to help learners improve their knowledge and understanding. Assessors have been given guidance on broadening the range of assessment methods but it is too early to assess the effect on learners.
 12. Learners receive satisfactory training in the workplace to meet their needs. An example of good training is when the trainer leads thought provoking discussions, challenges learners and enables them to relate concepts to practical solutions, to problems in the workplace. Resources overall are satisfactory with the use of appropriate materials to support learners.
 13. Monitoring of learners' progress is inadequate. Individual learning plans are not routinely referred to or shared with the employer. Copies are kept at head office and not used to plan learning. Target setting is poor. Targets are not specific or time bound. Many learners and employers are not sure of planned completion dates for training programmes. Reviews are too informal. They relate to assessment practices, with little information recorded on previous actions completed or targets set for the next meeting. Health and safety and equality of opportunity are checked but not reinforced. Employers have little involvement in reviews and opportunities to support learners with their qualification are missed.
 14. Induction is not sufficiently detailed or memorable for learners. Little reinforcement of equality of opportunity or harassment and bullying takes place. Inductions take place at CDC or in the workplace. Most include the completion of vocational assessments and health and safety assignments as well as an induction checklist but inductions are not always informative and are frequently very short.
 15. The extent to which programmes meet the needs of learners and employers is good. CDC is particularly effective in adapting arrangements for training and assessment. Training is flexible and reflects current working practices. Learners take additional courses in areas such as first aid.
 16. Information, advice and guidance is satisfactory but is not always formally recorded. Awareness of progression opportunities with care NVQs is good, but literacy and numeracy qualifications have only recently been well promoted and

taken up. Learning support needs are met satisfactorily for many learners but improved initial assessment and support arrangements are being put in place.

Leadership and management

Satisfactory: Grade 3

Equality of opportunity

Contributory grade: Satisfactory: Grade 3

17. Leadership and management are satisfactory. This is identified in the self-assessment report. CDC has managed the recruitment and development of new staff members in assessor tutor roles in a supportive way, with mentoring and shadowing by experienced staff. Most staff have access to a wide range of development programmes and qualifications. All staff are currently receiving literacy and numeracy training to support their learners. Individual staff have a monthly meeting with their manager, allowing close supervision and support. Progression to internal verifier and management positions are encouraged and training is available on a variety of internal and external courses. Staff are appropriately qualified and experienced, keeping up-to-date with practice in their professional sector. The appraisal system has appropriate links between performance and development activities. Resources are satisfactory, but printed copies are not as freely available to those staff who operate furthest away from the head office.
18. Communication is satisfactory, with weekly administration days at the offices for staff. Management meetings have an appropriate focus on improving training and meeting employers' needs. Minutes and actions at formal staff meetings are well recorded. Staff feel this has improved in the current year. Staff share CDC's commitment to improving timely success rates. CDC communicates well with employers in East London and Essex, where it chairs a care sector employers' forum.
19. The management of support to meet the literacy and numeracy needs of learners is satisfactory and steps have been taken to improve initial assessment and resultant support through a comprehensive staff training programme. CDC identified this as an area for improvement.
20. CDC uses data satisfactorily, routinely reviewing contract performance data to inform management decisions. Improving timely success rates of learners has received insufficient focus.
21. The procedures for safeguarding learners meet current government requirements. A member of staff has responsibility for safeguarding and a register is maintained of Criminal Records Bureau checks completed and in progress. Annual safeguarding training events take place. A good staff training session was observed during inspection.

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22. Equality of opportunity is satisfactory overall. CDC has been successful in widening participation in training by taking learning to the workplace where travelling and negative experiences of school might otherwise be a barrier to training. All of the CDC programmes have a high participation rate of learners from minority ethnic groups, four times the average of the population where CDC operate. The number of male learners in care is good at 16%. CDC has good links with community groups, successfully attracting learners from the local Jewish Orthodox community and an Asian Women's Project. At the latter, learners undertake a seven week pre-NVQ programme and are helped to secure work placements to enable them to complete the NVQ. Learners from all ethnic backgrounds have broadly the same success in achieving their qualifications. Many learners consider themselves school failures and are motivated by their success.
23. Staff are highly representative of the community in which CDC operates and learners benefit from the range of languages spoken. Learners have a satisfactory understanding of equality and diversity, gained mainly from their NVQ. Coverage of equal opportunities is basic and unmemorable at induction with little reinforcement at reviews. Annual training in equality and diversity is provided for staff and their understanding is satisfactory. The equality and diversity policy is generally satisfactory in both intent and content. Policies and procedures are clear and updated annually. Learners receive a shorter version of the equalities policy, written in accessible language, during induction. Although harassment is covered, a policy relating specifically to bullying is not shared with learners. CDC analyses and reviews data relating to learner enrolment and outcomes by gender, age and ethnicity. Managers have supported staff with disabilities by adjusting job roles and work patterns.
24. Measures to improve the quality of the provision are satisfactory overall but are underdeveloped in areas such as observation of training and use of feedback. Arrangements to gather learners' feedback are satisfactory using short written questionnaires at three points in training. However, this is not anonymous and is used in self-assessment reporting rather than identifying and addressing issues at the time of completion. Measures to gather employers' feedback are insufficiently formalised and therefore difficult to analyse. Group training sessions are observed and lead to development actions but these have not been extended to observations in the workplace.
25. Internal verification is satisfactory overall. Activities concentrate too much on the end of training programmes. Feedback to assessors is not always recorded to help improve assessment practices and to monitor the quality of individual learning plans and reviews. Assessors value standardisation activities.
26. The self-assessment report is reasonably accurate in identifying key strengths, areas for improvement and grading decisions. It is not a user-friendly document used by staff. Their limited input into the report means that only managers really understand the relevance of the report in improving provision.

What learners like:

- 'It's good to get a qualification while still working'
- 'I didn't do well at school but this is really enjoyable'
- 'My assessor is helpful'
- 'This will open doors for my career'
- 'The training has made me think more about what I do at work'

What learners think could improve:

- 'I didn't like changing assessor'

Annex

Learners' achievements

Success rates on work-based learning Train to Gain NVQ programmes managed by CDC 2007 to 2009.

Programme	End Year	Success rate	No. of learners*	college/provider NVQ rate**
Train to Gain NVQ***	2007/08	overall	140	98%
		timely	44	29%
	2008/09 (4 months)	overall	14	86%
		timely	0	0%

Note: 2008/09 data is part year only and is representative of the first three months or greater of the LSC contract year

* Learners who leave later than originally planned are counted in the year they actually leave. This group of learners are then added to the learners who planned to complete in a given year and did so or left earlier than planned

** NVQ qualification success rates are calculated using data supplied to Ofsted by the college/provider prior to inspection

*** Data represents the main programmes offered by CDC that had outcomes at the time of inspection, namely Health and Social Care NVQs. Skills for Life provision is too new for outcomes.