Inverclyde council

NHS Greater Glasgow and Clyde

Report To:	Community Health & Care Partnership Sub Committee	**Date:**	**28th August 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health Care Partnership**	**Report No:**	**CHCP/31/2014/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement & Commissioning**	**Contact No:**	**01475 715369**
Subject:	**Quality Assurance Inspection of Inverclyde CHCP SQA Centre**		

1.0 PURPOSE

1.1 To advise members of the outcome of two quality assurance inspections conducted by the Scottish Qualifications Authority (SQA) in relation to the Inverclyde CHCP Approved SQA Centre.

2.0 SUMMARY

2.1 The SQA carried out two visits on 31 March and 1 May 2014. These were to determine how well Inverclyde CHCP Approved SQA Centre met the SQA's quality assurance standards.

2.2 The grades achieved were the highest in all categories across both reports.

Management of a Centre   Significant Strengths
Resources   Significant Strengths
Candidate Support   Significant Strengths
Internal Assessment & Verification   Significant Strengths
External Assessment   Significant Strengths
Records/Data Management   Significant Strengths

3.0 RECOMMENDATIONS

3.1 That the Sub-Committee note the outcome of the Inspection.

**Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership**

4.0 BACKGROUND

4.1 Inverclyde CHCP gained approval in September 2009 to act as an SQA Centre for Scottish Vocational Qualifications (SVQs) in Health and Social Care. The main function of the Centre is to support staff to achieve the qualifications required for registration with the Scottish Social Services Council (SSSC). The Centre has been in operation for 4 years and over that period has successfully helped over 200 staff to achieve SVQs in health and social care.

4.2 This year the SQA has introduced a new system for quality assurance with gradings. The 5 gradings range from "Significant Strength" to "Significant Weaknesses". The reports also state any required actions, recommendations and examples of good practice found by the SQA.

4.3 The SQA carried out two visits to the Inverclyde CHCP's SQA Approved Centre under the new system. The first visit focused on the management and quality assurance systems in place for delivering SQA qualifications. The second visit looked more specifically at the quality of the Centre's assessments decisions for the health and social care awards.

4.4 Across the two reports for Inverclyde CHCP SQA Approved Centre there were no required actions, 6 recommendations and 7 good practice points.

4.5 The recommendations made, along with our actions, are summarised as follows:

1. The Centre should consider having a formal statement from senior management endorsing the Centre's policies and procedures.

Action: This has been completed - a statement has been signed by the Service Manager - Quality and Development who is also the Head of the Inverclyde CHCP SQA Approved Centre.

2. The Centre should document the process to support applying for specific qualification approval as it is very much person dependent.

Action: The Centre will shortly be applying for approval for new awards and will create a document summarising the process on completion. This will be completed no later than 6 months from the date of the SQA report.

3. The Centre should add to their induction checklist the malpractice policy and information on assessment arrangements.

Action: This has been completed - the policy and information have been added in line with the recommendation.

4. The Centre should add a timescale for the initial lodging of a complaint.

Action: This has been completed - a timescale has been added to the process in line with the recommendation.

5. The Centre should have their internal verification policy with stages one to three detailed in their internal verification policy document.

Action: This has been completed - the policy has been amended in line with the recommendation.

6. The Centre must store their candidate data protection permissions in the Centre in a locked location.

Action: This has been completed - the original document, rather than the copy, is now securely stored within the Centre. Candidates are now given the copy, rather than the original document.

4.6 The good practice points were noted as:

- The SQA Coordinator's update report provided comprehensive information about the Centre's current and future activity
- The Annual Review of the Centre's activities against SQA quality assurance criteria
- The use of the "document control sheet"
- The results of the feedback survey are published
- The internal verifier and assessor handbooks are a great resource for the assessment and verification teams
- The Centre has produced a comprehensive handbook for candidates
- The Centre's leaflet "Complaints and SVQ Appeals Procedure" is a good resource for candidates

5.0 PROPOSALS

5.1 That CHCP Sub-Committee members note the very positive inspection results.

5.2 That CHCP Sub-Committee members note the action already taken or proposed with regard to the recommendations.

6.0 IMPLICATIONS

Finance

6.1 There are no financial implications in respect of this report.

Financial Implications:

One Off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

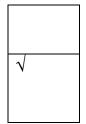| Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

6.2 No specific Legal implications.

Human Resources

6.3 No specific Human Resource implications.

Equalities

6.4 No specific Equalities implications.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

6.5   No specific repopulation implications.

7.0   CONSULTATIONS

7.1   No specific consultation required.

8.0   LIST OF BACKGROUND PAPERS

8.1   SQA Qualification Verification Report and SQA Systems Verification Report.

Systems Verification - Visit Report

Systems verification is the process we use to ensure that SQA centres comply with the quality assurance criteria and have internal quality assurance systems appropriately documented, effectively implemented and evaluated, and show continuous improvement in their application. Guidance for centres relating to the systems verification visit can be found at www.sqa.org.uk/qualityassurance.

Rescheduled date	**28 Mar 14**	Reason	**Double-Booked**
Centre Name	**Inverclyde CHCP**	Centre Number	**3010503**
Systems Verifier Name	**Brian Stokes**	Systems Verifier Contact Details	**brian.stokes@sqa.org.uk**
Double Banker Name (if applicable)		Date/Time of Visit	**31 Mar 14 - 10:00**
Head of Centre Name	**Mr Derrick Pearce**	Head of Centre Email Address	
SQA Co-ordinator Name	**Ms Lisa Burton**	Centre Email Address	**Lisa.Burton@inverclyde.gov.uk**

Summary of Visit		
Overall Outcome Rating	**Significant strengths**	
	Outcome Statement	Non-Compliant Criteria
Management of a Centre	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	
Resources	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	
Candidate Support	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	
Internal Assessment and Verification	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	
External Assessment	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	
Records/Data Management	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	

Sanctions	

Records of Discussions	
Discussions with Candidates	No
if YES, please provide a brief summary of the discussion:	
Discussions with Assessors	Yes
if YES, please provide a brief summary of the discussion:	Discussed the proposed move of premises, candidate numbers and development opportunities.
Discussions with Internal Verifiers	Yes
if YES, please provide a brief summary of the discussion:	As above

Outcome Summary

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12
2.1	2.2	2.5	2.6	2.7							
3.1	3.3	3.4	3.5	3.6	3.7	3.8					
4.1	4.4	4.6	4.8	4.9							
5.1	5.2	5.3	5.4	5.5	5.6	5.7	5.8	5.9	5.10		
6.1	6.2	6.3	6.4	6.5	6.7	6.8	6.9				

Management of a Centre

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
1.1	The centre must operate a documented quality management system.	High	**Green**	The centre operates a documented quality management system. The centre carries out an annual review of the centre's activities based on SQA's 6 quality assurance categories and publishes this report.			The annual review of the centre's activities against SQA quality assurance criteria.	
1.2	There must be a documented schedule for reviewing the quality management system. The outcome of reviews must be recorded and actioned.	Medium	**Green**	All policy documents will be reviewed on an annual basis and a record of reviews is maintained. The centre retains in their quality folder a "document control sheet" that records all changes to the centre's documentation.			The use of the "document control sheet".	
1.3	SQA must be notified of any changes that may affect the centre's ability to meet the quality assurance criteria.	High	**Green**	The centre notifies SQA of any changes that may affect their ability to meet the quality assurance criteria. The centre is moving premises in May 2014 to Port Glasgow and SQA will be advised once the move has been completed.				
1.4	There must be a system of version control for documentation.	Low	**Green**	The centre has a system of version control in place.				
1.5	The centre's policies and procedures must be supported by senior management and understood by all relevant staff.	Low	**Green**	There is good evidence to show that senior management support the centre's SQA policies and procedures.				The centre should consider having a formal statement from senior management endorsing the centre policies and procedures.
1.6	All relevant staff must be kept up to date with internal and external information relating to SQA.	Medium	**Green**	The centre uses email and staff meeting both formal and informal to keep staff up to date with SQA related information.				

1.7	The roles and responsibilities of those involved in the administration, management, assessment and quality assurance of SQA qualifications across all sites must be clearly documented and disseminated.	Medium	Green	There are roles and responsibilities in place for the SQA Coordinator, assessor and internal verifier. These are all included in the centre's SVQ Centre Procedures manual which is issued to all staff.				
1.8	There must be a documented system for checking the on-going suitability of all satellite sites where appropriate.	Medium	Green	The centre has site checklists in place for all assessment sites outwith the main centre.				
1.9	The centre must have a communications system with SQA and candidates.	Medium	Green	All candidates are employed by Inverclyde Council and all have a council email address which is used to communicate with candidates. Candidates have also got access to an intranet and have one to ones with their assessor.				
1.10	A procedure must be in place to gather feedback from staff and candidates. Feedback should be recorded, reviewed and actioned.	Low	Green	The centre obtains candidate feedback via "survey monkey". The centre publishes the results of the surveys and produces charts showing the responses. Any issues are taken forward and resolved. Staff offer feedback at their standardisation meetings.			The results of the feedback survey are published.	
1.11	There must be a documented system, where appropriate, for the management of all subcontracted services or partnership arrangements in relation to the assessment and quality assurance of qualifications awarded by SQA.	Medium	N/A					
1.12	There must be documented procedures in place to support specific qualification approval applications.	Low	Green	The centre has a process in place to support qualification approval applications.				The centre should document this process as it is very much person dependent.

Resources

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
2.1	There must be a documented procedure for the recruitment, selection and job allocation for all staff involved in the assessment and internal verification of SQA qualifications.	Low	**Green**	The centre uses the policies and processes of Inverclyde Council for the recruitment and selection of staff.				
2.2	The centre must have a documented system to ensure assessors and internal verifiers are given adequate opportunity for their own development.	Low	**Green**	The centre has records of CPD in place and staff advised that they were able to access self development opportunities.				
2.5	There must be evidence that there is a process to ensure all assessors and internal verifiers undertake an induction programme.	Medium	**Green**	The centre has handbooks for assessors and internal verifiers and these are issued to staff at their induction.			The internal verifier and assessor handbooks are a great resource for the assessment and verification teams.	
2.6	The centre's equal opportunities policy and procedures must be implemented by all appropriate staff.	Low	**Green**	The centre has an equal opportunities policy that is implemented by all staff.				
2.7	There must be a documented system for initial and on-going reviews of environment(s), equipment and reference, learning and assessment materials.	High	**Green**	The centre works in partnership with the SSSC who check that their resources are in order. Learning and assessment materials are reviewed as part of the internal verification process.				

Candidate Support

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
3.1	The centre must provide candidates with information on its responsibilities to them in relation to selection, induction, guidance, support and assessment/reassessment.	High	**Green**	All candidates sign an induction checklist to indicate that they have received their, candidate handbook, SSSC code of practice, care standards, disclaimer for data sharing and plagiarism, complaints and appeals leaflet.			The centre has produced a comprehensive handbook for candidates.	The centre should add to their induction checklist malpractice policy and information on assessment arrangements.
3.3	Candidates must have scheduled contact with their assessor in order to review their progress and to revise their assessment plans accordingly.	Medium	**Green**	All candidates has assessment plans which detail the next date that they are due to see their assessor.				
3.4	The centre must provide candidates with information on its responsibilities to them in relation to assessment arrangements. Where identified appropriate, support must be discussed and implemented as agreed and recorded.	Medium	**Green**	All assessors and internal verifiers are issued with the document "SVQ Centre Procedures" which gives them information on assessment arrangements. Candidates receive information on assessment arrangements from their assessor.				
3.5	The centre must have a documented process in place for investigating suspected malpractice. Outcomes and decisions must be recorded and retained in line with SQA policy. There must be evidence that this process has been disseminated to candidates and staff.	High	**Green**	The centre has a documented policy in place for investigating candidate malpractice. Staff are aware of their responsibilities with regard to malpractice.				
3.6	There must be a documented complaints/grievance procedure which is disseminated during the induction process. This grievance procedure must have timescales attached and any decisions made must be recorded.	Medium	**Green**	The centre has a complaints policy in place and this is issued to candidates during their induction. It is also part of their leaflet "Complaints and SVQ Appeals Procedure".			The centre's leaflet "Complaints and SVQ Appeals Procedure" is a good resource for candidates.	The centre should add a timescale for the initial lodging of a complaint.

3.7	There must be a documented internal assessment appeals procedure which is disseminated during the induction process. This appeals procedure must have timescales attached. The outcome and decisions must be recorded.	Medium	**Green**	The centre has an appeals policy in place and this is issued to candidates during their induction. It is also part of their leaflet "Complaints and SVQ Appeals Procedure". The appeals policy has timescales at each stage of the process.			The centre's leaflet "Complaints and SVQ Appeals Procedure" is a good resource for candidates.	
3.8	There must be pre-exit guidance provided to support candidate progression.	Low	**Green**	Candidates are supported at the end of the internal verification process when they are offered information on future training and development opportunities.				

Internal Assessment and Verification

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
4.1	The centre's assessment and verification procedures must be documented and implemented to meet qualification and SQA requirements.	Medium	**Green**	The centre has a documented internal verification policy which covers stage two of internal verification the sampling stage. The job role and responsibilities for the internal verifier details their responsibilities under stages one and three of the internal verification process. There were examples available of signed candidate achievement records, internal verification checklists and internal verification sampling forms.				The centre should have their internal verification policy with stages one to three detailed in their internal verification policy document.
4.4	The effectiveness of the assessment and internal verification system must be monitored against SQA requirements and any necessary changes must be implemented.	Low	**Green**	The centre's internal verification policy is reviewed in line with their other polices to ensure that it continues to be effective.				
4.6	The centre must comply with requests for access to premises, records, information, candidates and staff for the purpose of external quality assurance.	High	**Green**	The centre complies fully with requests for access to premises, records, information, candidates and staff.				
4.8	Outcomes of External quality assurance must be disseminated to appropriate staff and any action points must be monitored against agreed timescales.	Medium	**Green**	There was good evidence from the notes of meetings to show that quality assurance reports are discussed with the assessment team.				
4.9	No-one with a personal interest in the outcome of an assessment is to be involved in the assessment process. This includes assessors, IVs and invigilators.	Low	**Green**	Inverclyde Council have a policy in place with regard to staff declaring any conflicts of interest. The centre also discusses this at their standardisation meetings.				

External Assessment

		Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
5.1		Information on examination procedures and timetables must be stored and disseminated internally.	High	N/A					
5.2		There must be a documented process for access for SQA QA staff.	High	N/A					
5.3		The centre must nominate invigilators.	High	N/A					
5.4		The accommodation and facilities provided must meet the assessment needs of all candidates and the modes of assessment.	High	N/A					
5.5		Examination materials and candidates assessments (including examination question papers, scripts and electronically-stored evidence) must be securely stored.	High	N/A					
5.6		Candidates must be informed of assessment criteria and mode and format of assessment by which they will be assessed.	High	N/A					
5.7		Accurate entry details and, where appropriate, estimates of performance for each candidate must be submitted.	Medium	N/A					
5.8		The centre must take steps to ensure that assessment evidence is the candidate's own work.	High	N/A					
5.9		The centre must respond to requests for feedback from candidates and SQA.	Low	N/A					
5.10		The centre must submit, where appropriate, within published timelines, assessment appeal requests which are supported by valid and reliable alternative evidence.	Medium	N/A					

Records/Data Management

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
6.1	There must be an effective documented system in place for supplying complete, current and accurate information to SQA for the purposes of registration, entries and certification.	Medium	**Green**	The centre has a documented procedure in place for supplying complete, current and accurate information to SQA for the purposes of registration, entries and certification.				
6.2	Candidates presented for assessment must be entered within SQA published timelines relevant to qualification type.	Medium	**Green**	All candidates are entered within the relevant timelines for the qualification type				
6.3	Candidates presented for certification must be resulted within SQA published timelines relevant to qualification type.	Medium	**Green**	All candidates presented for certification are resulted within the published timelines.				
6.4	A record of all current candidate home addresses must be retained. If the centre address is used for certification then candidate home addresses must be reinstated and submitted to SQA immediately following certification or withdrawal of entries.	Low	**Green**	The centre enters all candidates under their true home address.				
6.5	The centre must have a documented process in place to ensure scheduled data cleansing takes place.	Low	**Green**	Inverclyde Council has a policy for data cleansing which the centre adheres to.				
6.7	There must be an effective documented system for the accurate recording and storage of candidate records of achievement in line with SQA requirements.	Medium	**Green**	All candidate records of achievement are held in line with SQA requirements.				

6.8	Information on SQA qualifications, procedural requirements and candidates must be recorded and stored in accordance with current legislation on data protection.	Medium	**Green**	The centre obtains written permission from candidates so that they can send candidate personal information to SQA. These permissions are currently held in the candidate portfolio. These documents must be held centrally.				The centre must store their candidate data protection permissions in the centre in a locked location.
6.9	Records of all candidate registrations and entries, candidate assessment records and records of internal verification activity must be retained in line with SQA policy.	Low	**Green**	The centre has documented instructions regarding the retention of records and these are in line with current SQA requirements.				

Summary of Feedback to Centre	The feedback was constructed around the information in the report.

Name of Centre Representative present during feedback	
Name	**Designation**
Lisa Burton	SQA Coordinator

Evidence Seen	Centre manual containing - annual centre review report, candidates evaluation summary, notes of standardisation meetings, SVQ document control sheet, administrative forms, policy and procedural documents, co-ordinators forms, candidate induction handbook, assessor induction handbook. Further manual containing - assessor information, expert witness information, site locations. Candidate portfolios, CPD records and candidate induction pack.
Staff Interviewed	Lynne Armstrong - assessor and internal verifier for SVQ Health and Social Care levels 2 and 3.
General Information	The centre is moving premises to Port Glasgow in May.

Qualification Verification - Visit Report

Qualification verification is the process we use to confirm that SQA centres comply with the quality assurance criteria and are assessing their candidates in line with national standards. Guidance for centres relating to the qualification verification visit can be found at www.sqa.org.uk/qualityassurance.

Event ID	73453

Centre Name	**Inverclyde CHCP**	Centre Number	**3010503**
External Verifier Name	**Suzanne Erasmuson**	External Verifier Contact Details	**suzie@vqinsight.co.uk**
Double Banker Name (if applicable)	**N/A**	Date of Visit	**01 May 14**
Head of Centre Name	**Mr Derrick Pearce**	Head of Centre Email Address	**Lisa.Burton@inverclyde.gov.uk**
SQA Co-ordinator Name	**Ms Lisa Burton**	Centre Email Address	**Lisa.Burton@inverclyde.gov.uk**
Verification Group	**Care**	VG Code	**82**
Verification Block	**SV**		
Units Allocated	**G7LN 22,G7LP 23,G7LV 23**	Sites Visited	**Gourock**
Actual Units Verified (if different from allocation)	**DK5V04, DK4104, DK8N04, DK8W04, DK6X04,**		

Summary of Visit		
Overall Outcome Rating	**Significant strengths**	
	Outcome Statement	Non-Compliant Criteria
Resources	**Significant Strengths identified in the maintenance of SQA standards within this Verification Group**	
Candidate Support	**Significant Strengths identified in the maintenance of SQA standards within this Verification Group**	
Internal Assessment and Verification	**Significant Strengths identified in the maintenance of SQA standards within this Verification Group**	
Records/Data Management	**Significant Strengths identified in the maintenance of SQA standards within this Verification Group**	

Sanctions	

Records of Discussions	
Discussions with Candidates	Yes
if YES, please provide a brief summary of the discussion:	The candidates I met with spoke positively of their SVQ experience. They said their assessors were very supportive and provided them with clear guidance and plans to enable them to progress through their award. They both spoke of the learning journey they had been on and how their confidence had grown to be able to identify good practice and challenge poor practice in accordance with legislation and codes of practice/National Care Standards. They both explained that when they have come to the office on the off chance of meeting with their assessor if their assessor was not there the other members of the SVQ team were always proactive in offering support and guidance to them - so there was a real sense of the team working together in all situations.
Discussions with Staff	Yes

if YES, please provide a brief summary of the discussion:	I met with the SVQ Coordinator who provided me with information about the developments within the centre and the imminent move to premises in Port Glasgow. I was given a very comprehensive report from the coordinator detailing candidate entries, results and future programme delivery plans. This was very helpful for setting the visit in context.
Discussions with Assessors and/or IV	Yes
if YES, please provide a brief summary of the discussion:	I spent time with the SVQ team discussing the changes to the SVQs. I provided them with current materials and information on how to develop materials for the common knowledge points that feature across units at each level. I also highlighted some of the issues with the safeguarding units which SQA Care will provide further guidance on in due course. I confirmed that observation for each unit is required and assessors must make a professional judgement as to what is necessary to enable them to confirm the candidate is competent. I emphasised that the centre is free to use their own recording documentation or those developed by SQA Care as long as candidate evidence can be clearly tracked against the units.

Outcome Summary

2.3	2.4	2.8				
3.2						
4.1	4.2	4.3	4.5	4.6	4.7	4.8
6.6						

Resources

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
2.3	For regulated qualifications there must be documented evidence of CPD activities.	Low	**Green**	Detailed evidence of CPD records was provided by all staff members.				
2.4	Records must be maintained to provide evidence that the centre has sufficient competent staff who have the necessary qualifications, occupational experience and understanding to support the assessment and internal verification of qualifications being offered in the centre.	High	**Green**	Evidence was provided to demonstrate assessors and IVs meet assessment strategy requirements for current awards delivered.				
2.8	There must be evidence of initial and on-going reviews of assessment environment(s), assessment procedures, equipment, learnings and assessment materials.	High	**Green**	The team reviews the assessment materials on an ongoing basis and makes changes as appropriate in order to benefit the candidates.			The SQA Coordinator's update report provided comprehensive information about the centres current and future activity.	

Candidate Support

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
3.2	Candidates' development needs and prior achievements (where appropriate) must be matched against the requirements of the award.	Medium	**Green**	This is evidenced through the detailed assessment plans produced by the assessor and candidate.				

Internal Assessment and Verification

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
4.1	The centre's assessment and verification procedures must be documented and implemented to meet qualification and SQA requirements.	Medium	**Green**	Clear and detailed records available showing a good standard of assessment and verification practice within the centre.				
4.2	The centre must provide documented evidence to ensure that assessments are valid, reliable, equitable and fair.	High	**Green**	This is demonstrated through signed practice accounts by candidates, observation reports by assessors and monitoring of assessors practice by IVs.				
4.3	Evidence of candidates' work must be accurately and consistently judged by assessors against SQA's requirements.	High	**Green**	The team hold regular standardisation meetings to ensure candidate evidence is judged consistently. The team work closely together and so assessment practice is very tight in terms of fairness and consistency.				
4.5	The centre must take steps to ensure that assessment evidence is the candidate's own work.	High	**Green**	The centre has a malpractice policy and candidate are required to sign to confirm all evidence is their own work.				
4.6	The centre must comply with requests for access to premises, records, information, candidates and staff for the purpose of external quality assurance.	High	**Green**	All requests for access to premises and records were willingly accommodated by the team for the day of my visit.				
4.7	Candidate evidence must be retained in line with SQA requirements.	High	**Green**	Candidate evidence is retained in accordance with SQA policy and procedures				
4.8	Outcomes of External quality assurance must be disseminated to appropriate staff and any action points must be monitored against agreed timescales.	Medium	**Green**	Outcomes of External Verification visits are disseminated to team members through team meetings. i was able to sample minutes of theses meetings where outcomes from EV visits were discussed and areas to enhance delivery were taken on board				

Records/Data Management

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
6.6	Comments/queries about the qualification specification, assessment guidance, qualification verification or related SQA matters must be resolved and recorded.	Low	**Green**	The centre has email correspondence with SQA Care and their EV for queries related to qualification delivery and meeting assessment strategy requirements.				

Summary of Feedback to Centre	The centre team continue to deliver a high quality SVQ programme. Candidate evidence is of a good standard with robust assessment and verification procedures and practice in place. The SQA Coordinator manages the centre activities effectively and it is clear from speaking with candidates that they feel well supported by the centre team. From the evidence sampled and from discussions with candidates, it is clear that they have gained insight into their work practice as a result of the SVQ process and this has enabled them to develop their knowledge and understanding of best practice and to be more confident in their job role. The positive outcome from this visit is a credit to the hard work and commitment of the SVQ team, lead by Lisa Burton.

Name of Centre Representative present during feedback	
Name	**Designation**
Lisa Burton	SQA Centre Coodinator
Duncan MacGillivray	Assessor/IV
Colin King	Assessor/IV
Bernadette Fox	Assessor/IV
Lynne Armstrong	Assessor/IV

Assessors / IV					
Name of Assessor/IV	**Assessor/IV**	**Awards/Units Sampled (eg. enter the codes and levels - G123 21**	**Interviewed on the visit (Yes/No)**	**Assessor/Verifier Qualifications Achieved if applicable**	**Assessor/Verifier qualifications being worked towards with target dates**
Lynne Armstrong	**A**	**DK5V 04**	**Yes**	**D32, D33**	
Lynne Armstrong	**IV**		**Yes**	**V1**	
Bernadette Fox	**A**	**DK6X 04,**	**Yes**	**A1**	
Bernadette Fox	**IV**	**DK8N 04**	**Yes**	**V1**	
Duncan MacGillivray	**A**	**DK41 04, DK8W 04**	**Yes**	**D32, D33**	
Duncan MacGillivray	**IV**	**DK8W 04**	**Yes**	**V1**	
Colin King	**A**	**DK8N 04, DK8W 04**	**Yes**	**D32**	
Colin King	**IV**	**DK6X 04, DK41 04**	**Yes**	**V1**	

Evidence Seen	I was able to sample evidence of candidate practice through reflective accounts and practice observations. This demonstrated candidates' ability to effectively link their knowledge and understanding to their work practice.
Spontaneous Sample	N/A
General Information	The centre team continues to offer a very robust SVQ programme - the time invested by the team in supporting candidates ensures quality outcomes.
Observation of Assessment Practice	N/A

Details of feedback for SQA	
Feedback to ASV	None
Feedback to QV	The centre address will be changing for the next visit to their new offices in Port Glasgow. Centre e-mailed to advise the need to inform SQA formally byt e-mail to the BDM/Centre records. J.Blain,SQA. 12/05/2014

Previous Recommendations
N/A