



Provider Monitoring Report

Chartered Institute of Housing

12 May 2014

Note

Restricted or commercially sensitive information gathered during SQA Accreditation's quality assurance activities is treated in the strictest confidence. However, please note the following:

- ◆ The findings of this report and the associated Action Plan will be presented to SQA's Accreditation Committee.
- ◆ The report and Action Plan will be published on SQA Accreditation's website following receipt of the signed acceptance of audit findings.
- ◆ The contents will contribute towards the Quality Enhancement Rating which will, in turn, contribute towards the quality assurance activity and timescales.

Please note that SQA Accreditation's quality assurance activities are conducted on a sampling basis. Consequently, not all aspects of an awarding body's performance in quality assurance, contract compliance, implementation, awarding of certificates and fee arrangements (not an exhaustive list) may have been considered in this report to the same depth.

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1 Introduction

1.1 Scope and approach of provider monitoring

SQA Accreditation conducts quality assurance activities of all awarding bodies offering SQA accredited qualifications or Units. This involves monitoring a sample of the awarding body's approved providers/providers or assessment sites. All provider monitoring will be conducted in a consistent manner within and between providers. The aim of monitoring is to:

- ◆ Ensure compliance under SQA Accreditation's *Regulatory Principles (2014)*, Regulatory Principles Directives and the Accreditation Licence.
- ◆ Confirm that quality assurance arrangements are being conducted by the awarding body in accordance with its prescribed arrangements.
- ◆ Ensure that quality assurance arrangements are being conducted in a consistent manner, within and between providers.
- ◆ Inform future audit and monitoring activity for the awarding body.

All Principles were included within the scope of the monitoring activity.

A Requirement has been raised where SQA Accreditation found evidence that the awarding body has not met SQA Accreditation's regulatory requirements.

The following timescales apply:

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- ◆ SQA Accreditation will issue this report within 30 working days of the final provider monitoring date.
- ◆ The awarding body must sign and return the report and associated Action Plan within 30 working days of the provider monitoring report being issued.
- ◆ Within a further 20 working days of receiving the proposed action plan, SQA Accreditation will confirm whether the Action Plan is appropriate to address the Requirements. This will be subject to the actions proving appropriate to the Requirements raised.
- ◆ SQA Accreditation will monitor progress towards completion of the actions identified in the Action Plan.

A Recommendation may be recorded in instances where SQA Accreditation considers there to be scope for improvement. Where these are agreed during provider monitoring, they are recorded on the report for future reference. As Recommendations are recorded for awarding body consideration only, it is not necessary to agree either actions or timescales to resolve these in the awarding body Action Plan.

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1.2 Provider monitoring report timeline

SQA Accreditation provider monitoring report date 12 June 2014

Date provider monitoring report and Action Plan to be signed and

submitted by Chartered Institute of Housing 25 July 2014

1.3 Provider monitoring dates

One provider was monitored on 12 May 2014.

1.4 Overview

As a result of the provider monitoring activities, four Requirements have been raised and one Recommendation has been recorded.

The four Requirements form the basis of the Chartered Institute of Housing Action Plan. This must be completed and submitted to SQA Accreditation for agreement within 30 working days of the provider monitoring report being issued. The Action Plan must be submitted by 25 July 2014.

Outcome(s)	Area(s) of concern	Risk rating
Requirement 1	Principle 5	Low
Requirement 2	Principles 6 and 8	Medium
Requirement 3	Principle 10	Medium
Requirement 4	Principle 12	Low
Recommendation 1	Principle 10	N/A

2 Provider monitoring findings

The following sections detail Requirements raised and Recommendations recorded against SQA Accreditation's *Regulatory Principles (2014)*, Regulatory Principles Directives, the requirements of the clauses within and any conditions attached to the Approved Awarding Body agreement.

2.1 Areas of good practice

The following area of good practice was noted by the provider:

- ◆ Staff are approachable and always keen to help the provider succeed in the delivery of the qualification.

2.2 Requirements

Principle 5. The awarding body shall provide clear information on its procedures, products and services and ensure that they are accurate and appropriate to SQA accredited qualifications.

The Accreditation Auditor reviewed the *Guidance for School and Class Teachers*. This did not reference the full SQA Accredited qualification, as the title did not reference the SCQF level, although the Accreditation Auditor notes that the SCQF level is later referred to in the body of the document. Additionally, the Accreditation Auditor found QCF material within the guidance materials, in regards to the *Qualification Snapshot* which contains pertinent information for the candidates and therefore does not adequately reflect the SCQF qualification being undertaken. Furthermore, the pack also contains a candidate and tutor feedback form, which is again the QCF version.

The evidence available indicates that CIH does not meet the requirements of Principle 5. This has been raised as **Requirement 1**.

Principle 6. The awarding body and its approved providers shall maintain accurate documents, records and data.

Principle 8. The awarding body shall ensure that SQA Accreditation is granted access to all information pertaining to SQA accredited qualifications.

The Accreditation Auditor asked to review records of assessors' continual professional development (CPD). The provider representative stated that these records, or copies of them, were not kept at the provider, but at the satellite site only.

The evidence available indicates that CIH does not meet the requirements of Principles 6 and 8. This has been raised as **Requirement 2**.

Principle 10. The awarding body shall ensure that it has the necessary arrangements and resources for the effective delivery, assessment and quality assurance of SQA accredited qualifications.

The provider representative stated to the Accreditation Auditor that the External Verifier (EV) only visits the provider when carrying out quality assurance activities and does not visit ongoing satellite sites after their initial approval. Therefore, the Accreditation Auditor remains doubtful as to the robustness of the awarding body's quality assurance activities.

The evidence available indicates that CIH does not meet the requirements of Principle 10. This has been raised as **Requirement 3**.

Principle 12. The awarding body and its providers shall have open and transparent systems to manage complaints.

When reviewing the provider-devised Complaints policy, the Accreditation Auditor noted that it did not reference SQA Accreditation as the qualification regulator or the means by which candidates can complain to us.

The evidence available indicates that CIH does not meet the requirements of Principle 12. This has been raised as **Requirement 4**.

2.3 Recommendations

Principle 10. The awarding body shall ensure that it has the necessary arrangements and resources for the effective delivery, assessment and quality assurance of SQA accredited qualifications.

The Accreditation Auditor enquired as to the process used to close out action points that are raised by the EV during annual quality assurance visits. The provider representative stated there is no clear process as to how to close out action points, and neither are there any timeframes given. The only aspect of this that was known was that at the next EV visit, the EV would discuss the action points and determine if they had been closed out.

The lack of a formal process regarding closing out action points could compromise the awarding body's quality assurance robustness and it is recommended that a policy or procedure is put into place to record actions and timeframes and to note when these are closed out.

This has been recorded as Recommendation 1.

3 List of documents reviewed during provider monitoring

Document title	Date of issue	Version number
Working in External Venues Policy		
Safe Working with VDU's		
Safe Working in the Office Guidance		
Safe Driving Policy		
Complaints Procedure		
CIH AO Provider Handbook	March 2013	V3
CIH AO Malpractice Policy		
CIH AO Enquires Appeals Procedure		
CIH Quality Visit Report	Dec 2013 Dec 2013	
CIH AO Customer Services Statement		
CIH AO Accreditation Permissions		
Guidance for School and Class Teachers	2013	
Minutes of Meetings		
Approval Letter for Qualification Delivery		
Health and Safety Policy		
Equality and Diversity		

4 Risk rating of Requirements

SQA Accreditation assigns a risk rating to each Requirement recorded as a result of awarding body quality assurance activity. The table below illustrates how the rating for a Requirement is assigned. A weighting is applied that depends on the risk identified and the possible impact on qualifications and/or the learner of failure to implement that Requirement.

The assignment of a risk rating allows an awarding body to assign their resources to areas which have been identified as having a major impact on the qualifications and/or the learner. The risk rating also allows SQA Accreditation to assign its resources to support awarding bodies in improving their performance.

Risk	Impact of Requirements identified through quality assurance activity
Very Low	The Requirement has been identified as likely to cause minimal concern and would not threaten the integrity of the qualification or impact adversely on the learner. Any overall effect is likely to be small scale and/or localised, rather than widespread. The identified Requirement is unlikely to recur once resolved and no long lasting damage would be anticipated.
Low	The Requirement has been identified as low impact but is of sufficient importance to merit intervention, with a low threat to the systems or procedures associated with the qualification and/or impact on the learner. Disruption may not just be localised but more widespread and would possibly cause residual damage; however, this could be easily corrected without further consequence.
Medium	The Requirement has been identified as having the potential to damage the credibility of the qualification and/or be detrimental to the learner. There may be some impact to the systems or procedures that support the qualification or the operational effectiveness of the awarding body.
High	The Requirement has been identified as having a potentially high impact on the integrity and reliability of the qualification, or the effective operation of the awarding body as a whole, if corrective action is not quickly taken. There is a high probability that the qualification and/or learner will be negatively affected.
Very High	The Requirement has been identified as having a serious impact on the integrity and reliability of the qualification or the effective operation of the awarding body if corrective action is not immediately taken. There is a very high probability that the qualification and/or learner will be negatively affected.

In assigning a risk rating, each Requirement is considered on its own merit, taking account of the context in which it was identified.