



## ACCREDITATION REPORT

Name of the College		<b>Innovatus FET College – Pinetown City Campus</b>							
Suburb		Town/City	X	Township		Rural		Informal settlement	
Telephone number		Alternative phone no.		Fax number					
<b>031 825 2331</b>		<b>031 825 2332</b>		<b>086 551 6354</b>					
Postal address		Physical address		Email address					
<b>Suite 205 Park Row Building 4 School Road Pinetown 3620</b>		<b>Suite 205 Park Row Building 4 School Road Pinetown 3620</b>		<b>info@ipfet.co.za</b>					
DHET Registration no.		Exam Centre no. (where applicable)		Umalusi accreditation ref. no.					
				<b>15 FET02 00030 PA</b>					
Date of the college's establishment		<b>03 January 2015</b>							
Date of submission of Letter of Intent		<b>14 May 2014</b>							
Date of submission of evidence		<b>28 May 2015</b>							
Date of Desktop Evaluation		<b>08 June 2015</b>							
Date of Site Visit		<b>23 June 2015</b>							
Date of Moderation and Consolidation		<b>08 August 2015</b>							

## **1. Executive summary**

This report outlines observations that were made by Umalusi's evaluation team in respect of **Innovatus FET College – Pinetown City Campus**'s application for the NC(V) program. The report is drawn from an evaluation of supporting documentation presented by the institution to Umalusi for the desktop review; additional supporting documents presented during the site verification visit; interviews with administrators, educators, and management. This multiple approach to data collection was used for triangulation purposes. The evaluation team is confident that it obtained sufficient and consistent information that led to a high degree of confidence in making a judgment about the extent to which Innovatus FET College – Pinetown City Campus meets the accreditation criteria.

The level of implementation and the supporting evidence does not meet all the minimum requirements. Some evidence requirements must be improved to meet the minimum standard. This recommendation is informed by the following supporting evidence:

- The college must ensure that the policies which are not fully compliant like the Appeals and grievance policy and the Learner Progression policy are developed to meet the evidence requirements.
- The college management must ensure that they develop sufficient and acceptable capacity to provide the program rather than relying on head office.
- They must ensure that all outstanding tasks and templates are developed/ made available for verification.
- They must develop a training and development program on assessment in the NC(V) program.
- They must develop processes and procedures that will ensure that results from data analysis are used for institutional development.

This report provides more detail on strengths, weaknesses and recommendations for consideration by the institution.

## **2. Accreditation decision**

Having carefully considered these findings, the institution meets the prescribed minimum standards in three of the five accreditation criteria and needs to improve

in the others. Umalusi hereby confirms that the college does not meet all the minimum requirements and is granted **two years provisional accreditation** to offer the NCV Programs as per Annexure 1.

This report is presented in Five sections (addressing five criteria evaluated) and aligns appropriately to the instruments utilized for the desktop and site verification visit. Whilst a narrative is provided per indicator according to findings, recommendations are per criterion.

**Overall score** (1 = non-compliant; 2 = not fully compliant; 3 = compliant)

	<b>CRITERIA</b>	<b>SCORE</b>
1	Mission directed leadership	3
2	Teaching and training	3
3	Learning and assessment	2
4	Learner support	3
5	Analysis of results	2
	Accreditation Decision	<b>Two years provisional accreditation</b>

### 3. SUMMARY OF THE EVALUATION

<b>Criterion 1: Mission Directed Leadership and Management</b>	<b>RATING</b>	<b>3</b>
--	---------------	----------

**1.1. Appropriate governance structures are established, are active in support of the FET institution and satisfy all current, relevant legislation and regulations.**

1.1.1. The team verified the institution's original company registration documents. The Provider indicated that they are in the process of changing their name from "Innovatus FET College" to "Innovatus Private College" as per DHET regulations.

1.1.2. The college produced an organogram which indicated the current management, administration and the academic structure, which

included two educators and an assistant. The team verified the names against the people that were present on the day.

- 1.1.3. The team requested and verified several policies that are discussed in the following paragraphs:
- a) The Quality Management System policy was submitted. The provider produced a Consolidated Policy and Procedure manual which featured all the required policies. This manual was reviewed on the 9<sup>th</sup> December 2014.
  - b) The college submitted a policy entitled "Policy for Management Responsibility". The policy outlines performance measurement procedures and KPA's such as targets that are set out in their strategic plan. It did not address the roles of management.
  - c) A very comprehensive Human Resource Management policy was verified. The HR manager gave a thorough explanation on how the policy is implemented, including but not limited to recruitment and staff training. A class visit report was submitted as evidence of compliance with the institution's KPI's.
  - d) The college has a comprehensive Financial Resource Management policy which outlines the responsibilities of the different stakeholders. The college explained that an investor has made provision for any projected shortfall for the next three years. The team could not verify the invested amount, and noticed that the investor does not appear in the organogram. The institution's financial year ends on the 28<sup>th</sup> of February, and their finances are audited by a registered firm of auditors.
  - e) A Physical Resource Management policy was verified. The provider was able to provide proof of regular maintenance reports. The policy stipulates that any purchase in excess of R2000.00 (two thousand rand) will require the approval of the CEO.
  - f) The Occupational Health and Safety policy was verified. The policy covers all aspects of health and safety. The team verified a document detailing a safety and security audit that was done by the Ethekewini Municipality on the 4<sup>th</sup> of February 2015, and another one on Fire and

Health inspection, conducted on 11 February 2015. The college has appointed a Health Officer who has undergone First Aid Level 1 training. The officer's appointment letter was verified.

- g) The college has a comprehensive Information Management System policy. The policy explains how company information must be handled, and the use of IT. The team verified a demonstration of a very efficient IT system, and a computer laboratory schedule. It was noted that all learners are issued with a Tablet upon registration, and have free access to WI-FI and e-books. The regulations for computer and internet usage are documented in the Learner Handbook.
- h) A Marketing policy was verified. The Marketing Manager presented the college's marketing strategies, like school visits and exhibitions. The college's prospectus details programmes on offer. The college explained the process they follow to recruit and support learners.
- i) Programme/Qualification Scope, Content and review policy: qualifications are reviewed after every three years.
- j) A Learner Recruitment and Admission policy was verified. This policy did not mention the college's language policy, and the recognition of prior learning. The college has employed a Zulu speaking assistant to help in interpreting important and complicated concepts to learners and/or parents. The college's learner base is predominantly Zulu speaking.
- k) A Facilitation and Learning policy was verified. The policy discusses aspects like staff induction, mentoring, educator support, classroom observation, educator development, lesson preparation and staff retention. The team verified a classroom lesson observation report. Class visits are scheduled for every three months.
- l) A compliant Learner support policy was submitted and verified.
- m) The provider produced an Assessment policy which is in line with the NC(V) program requirements. It also included NC(V) moderation guidelines; and also discusses learner progression requirements.
- n) Appeals and Grievance policy: Various templates for appeals and grievances were verified on site. Financial appeals were not catered for.

- o) Performance Measurement, Analysis and Improvement policy: All the requirements were found in separate documents which were available for verification. The provider was advised that the KPA's, staff development, managing underperformance, internal and external verification, moderation and assessment must all be included in this document. It was evident that the policy is understood and implemented.
- 1.1.4. The schedule, minutes, and agenda of a Governing Board meeting held on 29/04/2015 were verified. The constitution of the Governing board was also verified. The college also submitted minutes of a meeting held in 2014 in which operational plans were discussed.
- 1.1.5. A document detailing a comprehensive SWOT analysis was presented. The Governing Board and Management ensures policy implementation. Policies are reviewed annually and adjusted if required.
- 1.1.6. The college presented a set of two Academic Boards, one for the holding company (Innovatus group) and the other, for the college. The Boards' constitution, members' names, qualifications and expert knowledge were verified.
- 1.1.7. Academic Board meetings: A schedule for the Academic Board meetings was produced. The first meeting was scheduled for the 4<sup>th</sup> of July 2015.
- 1.1.8. Templates for Appeals and Grievance reports were produced. The college had no appeals and grievances lodged thus far. An explanation was given on how the college will deal with different kinds of complaints like learner support, finance and academic appeals.

**1.2. It is the responsibility of leaders and managers to establish the strategic direction of FET institutions and ensure that the institution's vision is realized and its mission is accomplished in the context of national priorities**

- 1.2.1. The college's vision is "To become a Unique & Innovative education provider" and their Mission: "To provide innovation in teaching and learning practices". The provider produced documentation detailing a

short history, accreditation, programmes and activities that are on offer and are aligned to national priorities.

- 1.2.2. Planned qualification mix: The provider presented a Design and Delivery Policy document which gives an indication of how the learning programmes are matched against the identified critical skills needs in the college's environment.
- 1.2.3. The Innovatus group Strategic plan document for 2014 -2016 was verified. The strategic plan is aligned to the college's Vision and Mission statements.

**1.3. Leadership and management are supported by comprehensive and effective administrative, financial and information management systems that are regularly evaluated for relevance and efficiency and have the capacity to track and deliver data that reveal an accurate picture of performance and inform decision making.**

- 1.3.1. The college presented an organogram which has the job descriptions of persons responsible for administrative, financial and management information functions and systems. The CV's and Job descriptions for staff members responsible for IT, Finance and Administration were verified.
- 1.3.2. A revised flow chart for showing the processes for evaluating administration resources was produced and verified.
- 1.3.3. The college has added a data base which carries all information on learner accounts, including debt tracking and account handover for outstanding debt collection.
- 1.3.4. Agenda and minutes of meetings held on the 28<sup>th</sup> of February 2015 and the 16<sup>th</sup> of May 2015 were submitted and verified. The minutes reflected many issues that were discussed on the evaluation process and the decisions that were taken, like the improvement of the database, financial accounts and debt tracking. The IT, finance and administration systems formed part of the agenda.

**1.4. Resources are secured and used to ensure institutional viability, sustainability and the achievement of institutional objectives in relation to the qualification/programme offered.**

- 1.4.1. A financial forecast was presented for 2015. Audited financial statements were not available as this is a new provider.
- 1.4.2. A three year budget and an income statement were produced and verified.
- 1.4.3. Protection of learners: the college has teach - out process and a surety for R70 000.00 (seventy thousand rand) which is held by a registered insurance company. Learners are thus protected against arbitrary closure and/or discontinuation of program.
- 1.4.4. The qualifications of staff members who have been shortlisted to offer the program were submitted and verified.
- 1.4.5. The team verified the physical resources to be used. The financial allocation for the NC()V programme complies with the DHET resource list.
- 1.4.6. Floor plans: Floor plans for the whole college, including a section that is not yet occupied due to renovations, were submitted.
- 1.4.7. Financial allocation for the maintenance of physical resources was presented. Reports of audit inspections are reviewed and needs for upgrades/ replacements are identified and attended to.
- 1.4.8. Schedule for financial resources: A financial plan for the NC(V) program was produced and verified. The breakdown of the financial resources allocated to the programme for teaching, learning materials and equipment was also verified.

**1.5. Internal implementation of policies and procedures is effectively monitored and reviewed for the purpose of quality assurance and continuous improvement.**

- 1.5.1. The college has a Staff Handbook which explains processes and procedures, and ensures that all personnel understand and are able to implement institutional policies.



- 1.5.2. The team verified the constitution of the self-evaluation team and found it to be in order. All the necessary information was available for verification.
- 1.5.3. A schedule and minutes of meetings which the self-evaluation team attended (with Umalusi on 15/06/2014) and an internal audit meeting held on the 9<sup>th</sup> September 2014 were produced and verified.
- 1.5.4. Development plan: the college is relatively new. They produced minutes where it was decided to mount a copy of the Employment Act in the reception. The college is in the process of acquiring premises on the ground floor (Suite G05A). They are currently busy with renovations.

**1.6. Ensure fairness, integrity and transparency in all dealings with learners, relevant stakeholders and the community at large.**

- 1.6.1. The college produced a Marketing plan which is not specific to the site, but addresses the Innovatus group programme. They are still planning a programme that will be specific to their site.
- 1.6.2. A comprehensive provisional prospectus with information on the NC(V) courses, fees, entry requirements, and accreditation was presented. The prospectus will only be made available once/if the college is accredited.
- 1.6.3. The college has processes in place to monitor their admission process. They produced a three year enrolment plan according to which they plan to have thirty learners for 2016, fifty four for 2017 and sixty learners for 2018.
- 1.6.4. Templates of pre-enrolment form and a Learner contract were presented.

**1.7. Recommendations for improvement**

The college meets all the minimum requirements for this criterion but the following recommendations are made:

- The college must include financial appeals in the Appeals and Grievance policy.
- They must move the learner progression requirements from the Assessment policy to the Learner progression policy.

## Criterion 2: Teaching and Training

**RATING 3**

### 2.1. Teaching staff are enabled to enact the curriculum and achieve the purpose of the qualification.

- 2.1.1. The college will undertake class visits, and educators will be given feedback. The academic head will be responsible for conducting and evaluating these visits. Templates for use were presented. The team noted that all members present were conversant with the process.
- 2.1.2. Templates to be used for learner satisfaction surveys were submitted. There were no templates for other stakeholders like parents and educators.
- 2.1.3. The team was informed that the college will send the information gained from class visits and educator critiques to head office. The academic manager will then set up a meeting with the educator/s concerned and feedback will be given; areas of weaknesses addressed, and development plans deliberated. The classroom visit forms will form the basis for the feedback.
- 2.1.4. The college did not have training and development plans for new staff members. The team verified a training that was given to staff members in the NATED programme on the conduct of examinations. The college explained that the same process will be followed for the NC(V) programme.
- 2.1.5. The college did not have a Staff Retention policy. The college had not experienced any staff turnover.
- 2.1.6. The team verified templates of employment contracts and CVs for prospective educators. A signed employment contract of the Academic Manager, dated 09/10/2014 was submitted and verified.

**2.2. Learning materials of a content and quality appropriate to each programme offered, in quantities that are sufficient to meet the needs of all registered learners, are available on time and in use every time**

2.2.1. It was explained that on payment of registration fee learners will receive Tablets which will enable them to download textbooks. Tablets are ordered from the head office. The college provided a sample of books, including the e-books, to be used for the NC(V) programme. The college demonstrated capacity to provide their prospective learners with the Tablets.

2.2.2. The team noted that one meeting was held on the 10<sup>th</sup> of March 2015. The agenda and minutes of this meeting were not available; and the attendance register was not signed.

**2.3. Recommendations for improvement**

The college meets all the minimum requirements for this criterion but the following recommendations are made:

- The college must develop a training and development program for educators.
- They must ensure that a Staff Retention policy is developed.

<b>Criterion 3: Learning and Assessment</b>	<b>RATING</b>	<b>2</b>
---	---------------	----------

**3.1. Appropriate assessment instruments, in keeping with the purpose and context of qualifications, are used.**

3.1.1. Subject matter experts from various campuses will be appointed as educators and moderators. Meetings are held at the head office to discuss assessment and moderation plans. The above process was explained by the personnel from the head office, with internal staff demonstrating little understanding of it.

3.1.2. The plan for the design of ICASS and ISAT was not presented. The subject assessment plan was also not available.

- 3.1.3. A Pre moderation checklist template from the ICASS Guideline was presented. The personnel interviewed demonstrated little understating of this document. The college is using an outdated ICASS Guidelines document.
- 3.1.4. Post moderation checklist from the ICASS Guideline was also presented. The personnel interviewed again demonstrated little understating of the document. The college submitted copies of emails whose subject was the setting of assessment tasks, but there was no evidence that any meeting or training (on ICASS) was held thereafter.
- 3.1.5. A moderation report template, as well as the composite pre and post moderation checklist were presented. The team noted that the staff did not have sufficient knowledge of these documents, and the head office explained that training will be done. Head office could not produce training plans.
- 3.1.6. The team was informed that head office will be responsible for the security of learner results, including but not limited to their collection from the Department and distributing them to campuses. The campus has a safe for keeping examination papers and learner results. The team verified the college's MIS which will be used to capture learner results. It is password protected and access is assigned to limited staff members. The college explained that marks will be moderated before they are captured on the system.

**3.2. The assessment process and outcomes are used to develop and improve learning programmes, enrich the learning experience and create greater opportunities for learner achievement.**

- 3.2.1. The process and procedure adopted for diagnostic analysis of assessment outcomes was outlined by the personnel from the head office. Reports from analysis of assessment outcomes were not available for reasons previously stated.
- 3.2.2. The process and procedures followed or to be followed to correct weaknesses identified in the analysis of outcomes was neither available nor understood.

### **3.3. Assessment tasks relating to subjects in the National Certificate Vocational and Report 191 conform to Subject Assessment Guidelines.**

- 3.3.1. It was mentioned that the educators follow the ICASS Assessment Guideline. The evidence submitted for English FAL complied with the requirements, and the academic head demonstrated sufficient knowledge on the generation of ICASS mark.
- 3.3.2. The details, duration and mark allocations for tasks that constitute ICASS mark were not presented for any subject in the Safety in Society program.
- 3.3.3. A subject assessment plan for Applied Policing was not available, but the college submitted a detailed English FAL assessment plan.
- 3.3.4. The assessment for English FAL was in line with the Assessment schedule.
- 3.3.5. An analysis grid and checklist for each question in a task was available. The college demonstrated sufficient understanding of the document.
- 3.3.6. A template for recording ICASS was presented. The Academic Manager understand how it should be implemented, and how marks should be weighted for ICASS purposes.
- 3.3.7. The college did not submit a moderation plan. It was explained that the recording sheet provided by DHET in the ICASS guideline document will be used. The process on moderation of marks for Applied Policing was not clear. A detailed protocol with time frame for each task to be executed was submitted in the English FAL file.
- 3.3.8. Learners will be given feedback on their performance. Marked scripts will be handed back to them, and common challenges discussed. The campus reports to head office on all aspects of learner performance.

### **3.4. A representative selection of assessment tasks set for the subjects currently offered are submitted.**

- 3.4.1. No assessment tasks were presented for Applied Policing. The required tasks for English FAL, together with their analysis grids, were submitted.
- 3.4.2. There was no plan in place for the execution of ISAT.
- 3.4.3. The process to make certain that the optimum balance between theoretical and practical assessment is achieved was not clarified. The team was

informed that the college had made arrangements with a nearby high school to make use of their school ground for practical tasks in Applied Policing. There was no evidence submitted to verify the existence of the arrangement.

**3.5. The institution has processes and procedures in place to ensure that ALL assessment activities are fair and equitable.**

3.5.1. There were no documented plans the college will follow to ensure that all assessments are conducted in a manner that is fair, manageable, reliable and valid; and that supports the concept of equal opportunities. The college explained that all assessment tasks will be subjected to moderation processes. An Assessment moderation policy was submitted.

3.5.2. An agenda and minutes of a meeting dated 14/03/2014 were presented. The meeting discussed examination issues like the appointment of invigilators and monitors. A signed attendance register for this meeting was not available.

**3.6. Recommendations for improvement**

The college does not meet all the minimum requirements for this criterion and the following recommendations are made:

- The college must ensure that they have and use the latest version of the ICASS Guideline for the NC(V) programme.
- They must develop all outstanding tasks.
- They must develop and implement a training and development program on assessment in the NC(V) program.
- The college must ensure that all assessment tasks are designed according to the relevant Guideline, and that required templates are available.

**Criterion 4: Learner Support**

**RATING 3**

**4.1. The institution provides activities, programmes and services that meet the academic, cultural, moral, physical, progression and/or work placement needs of learners.**

- 4.1.1. A revised learner support schedule for the current courses on offer which detailed the activities, persons responsible and dates was verified.
- 4.1.2. Reports on individual learners: A parents' register for a meeting held on 07/05/2015 where learner issues were discussed was produced. The team verified evidence of support rendered to learners via "WhatsApp" (one of the social media platforms). The college also held a seminar on the 26<sup>th</sup> of March 2015 in which plagiarism was addressed. These activities were for a program accredited by another Quality Council. The college explained that they will emulate some of them.
- 4.1.3. Sufficient measures are in place to ensure the protection of privacy and integrity of learner information. The systems used by the institution are username and password protected with limited access. The learner information is stored on Excel and Access and only the Campus Manager and academic personnel have access to this information. All financial records are kept on the Pastel programme and only the CFO and the CEO have access to it.
- 4.1.4. The college submitted a schedule of meetings that will be held on learner support. The first meeting was scheduled for 31/07/2015.

**4.2. The quality of learner support services are managed and improved through implementation of appropriate policies, procedures and regular monitoring and review.**

- 4.2.1. The college has appointed two staff members for learner support. The team noted that this additional responsibility was also documented in their job responsibilities.

**4.3. Recommendations for improvement**

The college meets all the minimum requirements for this criterion.

## **5.1. Quantitative and qualitative evaluation and review of data relating to all aspects of institutional performance over a complete programme cycle.**

5.1.1. Review of institutional performance and achievement: The College submitted documents detailing procedures whereby 10 – 15% of learner work will be moderated and should there be a 5% discrepancy then all work will be moderated. The document also addresses issues of how data is to be captured and remedial action to be taken if required.

5.1.2. The institution has not collected any data to be analysed. It was not clear how the data collected will be used for institutional development.

## **5.2. The outcomes of the performance and systems review process are integrated into the institution's future plans.**

5.2.1. it was not clear how the institution will use the information gathered to influence institutional development.

5.2.2. Agenda and minutes of meetings where the development of future plans was discussed: the college could not produce any minutes for reasons previously stated.

## **5.3. Recommendations for improvement**

The college does not meet all the minimum requirements for this criterion and the following recommendations are made:

- The college should develop processes for the analysis of data for development and improvement.
- They must also develop processes and procedures that will ensure that results from the analysis process are used for the institution's holistic development

## **6. Conclusion**

Umalusi acknowledges the work rendered by the institution in terms of its submission for evaluation and accreditation. Based on the summary of the evaluation, the



institution meets the prescribed minimum standards at three of the five accreditation criteria. Umalusi therefore confirms that **Innovatus FET College – Pinetown City Campus** is granted **2 years provisional accreditation**.

## **Annexure 1: Accredited programme**

### **National Certificate (Vocational) Level 4: Education and Development**

- English First Additional Language
- Life Orientation
- Mathematical Literacy
- Art and Science of Teaching
- Early Childhood Development
- Human and Social Development
- Learning Psychology

### **National Certificate (Vocational) Level 4: Safety in Society**

- English First Additional Language
- Life Orientation
- Mathematical Literacy
- Applied Policing
- Criminal Justice Process
- Governance
- Law procedures and Evidence

## Annexure 2

### LEVEL DESCRIPTORS

SCORE	GRADING	EXPLANATION
1	Weak/ not relevant/ not compliant	The level of implementation and the sufficiency of evidence provided are inadequate to meet the required standard. The weaknesses are more than the strengths. Considerable improvement is required.
2	Not fully compliant	The level of implementation and the supporting evidence is adequate in most instances. Some evidence requirements must be improved to meet the minimum standard.
3	Fully compliant	The level of implementation and the supporting evidence meet the minimum standard.

### DESCRIPTION OF ACCREDITATION DECISION

#### i) Accreditation for 7 years

An independent college is granted 7 years accreditation if it meets all the prescribed minimum standards for the accreditation criteria. It must achieve compliance in all criteria (a score of 3 in all the minimum standards).

**ii) 2 Year provisional accreditation**

An independent college is granted provisional accreditation if it receives compliance in some minimum standards and can improve in those not complied with within a period of two years (a score of two and some three). Independent colleges granted provisional accreditation are required to submit an improvement plan on the date required so that a re-evaluation can take place before the expiry of their provisional accreditation period.

**iii) No accreditation**

An independent college is granted the 'no accreditation' status if it fails to meet the prescribed minimum standards i.e. achieves a rating score of one in any of the criteria verified.