

Staff Supervision in Health and Care Services



P6 - PROCEDURE

v3.0

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- Health and Care Services

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1.0 INTRODUCTION/ BACKGROUND

1.1 Why is supervision important?

Research shows that currently much supervision does not meet the aims of “good supervision”. For many the current focus of supervision is case management with limited time for critical reflection, training, development and encouragement (Mathorpe et al 2013) also many are not receiving supervision as often as recommended by the Social Work Reform Board (Baginsky et al, 2010) and studies highlight that practitioners want more time for, and support with, critical reflection (Jack and Denellan 2010).

Four key elements of effective supervision

1. Improve the quality of decision making and interventions
2. Enable effective line management and organisational accountability
3. Identify and address issues related to caseloads and work load management
4. Help to identify and achieve personal learning, career and development opportunities.

1.2 What is supervision

Definitions of supervision

Supervision is defined as:

“an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed objectives and outcomes.” (p5)

- Skills for Care (2007) *Providing effective supervision*, www.skillsforcare.org.uk

Supervision will be undertaken with all staff to ensure that individuals, or groups of staff, are managed in order to achieve the Directorates key objectives.

Supervision is an ongoing process, complemented by annual appraisal and team meetings, which fulfils four main functions:

- *Management accountability*
- *Development*
- *Support*
- *Communication.*

1.3 Standards for supervision

Professional Capabilities Framework & Strengthening Practice

Supervisors are expected to use the Professional Capabilities Framework as the basis for supervision, appraisal, performance management, personal development planning and strengthening practice.

The *Professional Capabilities Framework* sets out nine domains of professional practice that social workers need to be capable in. Cumbria has adapted this framework to include occupational therapy staff and unqualified social care staff.

For each domain, there is a main statement, an elaboration and a short working title. The nine domains should be seen as interdependent, not separate: they interact in professional practice, so there are overlaps between the capabilities, and many issues will be relevant to more than one capability.

The PCF provides a framework for judging the quality of practice, for individuals, teams and organisations. Such judgements are made in a range of ways: - individual practitioners will want to plan their careers and their CPD; teams will be interested in auditing, updating and improving their practice; and organisations operate supervision, appraisal and career progression schemes.

Supervisors need to be able to support staff at all levels and be capable at their own level:

By the *point of assessment of readiness for direct practice* (prior to first placement), students should have demonstrated basic communication skills, ability to engage with users, capacity to work as a member of an organisation, willingness to learn from feedback and supervision, and have the basic social work values, knowledge and skills in order to be able to make effective use of first practice placement.

By the *end of the first placement* students should have demonstrated effective use of knowledge, skills and commitment to core values in social work in a given setting in predominantly less complex situations, with supervision and support. They will have shown their capacity to work with people and situations where there may not be simple clear-cut solutions.

By the *end of qualifying programmes* newly qualified practitioners should have demonstrated their ability to apply the knowledge, skills and values needed to work with a range of user groups, the ability to undertake a range of tasks at a foundation level, and the capacity to work with more complex situations; they should be able to work more autonomously, whilst recognising that the final decision will still rest with their supervisor, and seek appropriate support and supervision.

By the *end of the Assessed and Supported Year in Employment (ASYE)* and end of Occupational Therapist first year, social workers and occupational therapists should have consistently demonstrated practice in a wider range of tasks and roles, and have become more effective in their interventions, thus building their own confidence, and earning the confidence of others. They will have more experience and skills in relation to a particular setting and user group, and have demonstrated ability to work effectively in more complex situations. They will seek support in supervision appropriately, whilst starting to exercise initiative and evaluate their own practice.

Practitioner level 4 should progress to practice more effectively, exercising higher quality judgements, in situations of increasing complexity, risk, uncertainty and challenge. Through growing understanding they expect and anticipate, but do not pre-judge, the issues that may develop. They have greater confidence and independence (whilst accessing support when needed), and use their initiative to broaden their repertoire of responses; they have expertise in one or more areas of practice, and are familiar with local resource networks.

Experienced Practitioner Level 5 should be more autonomous in their role. They demonstrate expert and effective practice in complex situations, assessing and managing higher levels of risk, striking a balance between support and control, liaising with a wide range of professionals, including more senior levels. They manage complex caseloads, and offer expert opinion within the organisation and to others. They chair a range of meetings, offer expert support to case conferences, and produce high quality assessments and reports for a range of functions. They model good practice, setting expectations for others. They start to take responsibility for and become accountable for the practice of others, mentoring newly qualified

social workers / occupational therapists, and supervising the work of junior staff. They undertake capacity-building with individuals, families, communities, user groups and voluntary organisations, and contribute their views on service provision to commissioners.

Advanced Practitioners Level 5.5 have their practice with a specified user group recognised as exemplary, and provide leadership and professional wisdom to their colleagues and other professionals for work in situations of high complexity. They provide constructive challenge to enhance practice, procedures and policies, promote innovation, and introduce new ways of working from recognised sites of excellence. They contribute to knowledge in their field of practice, and make use of sophisticated, critical reasoning. They both model and facilitate reflective practice.

Professional Educators level 1 and level 2 (usually at 5 & 5.5 Level) will facilitate the learning of others (students on qualifying programmes, those in ASYE and newly qualified occupational therapists), enabling them to develop their knowledge, skills, values and practice. They support and develop other practice educators in their work, and identify and resolve difficult situations in respect of learning and practice development. They positively manage the interface with providers of education and training, by contributing to arrangements for selection, curriculum delivery, assessment and evaluation. They will be able to draw on contemporary research practice and best educational practice. They contribute to workforce development strategies in the agency.

Social care managers lead, motivate, nurture and manage a team (social workers, occupational therapists, ROVIs' and non-qualified staff), ensuring the service provided is effective, and delivering positive outcomes. They do so by managing performance and quality assurance, resources and budgets, in collaboration with others and key stakeholders. They are knowledgeable about managing practitioners and others within single or multi-professional teams. They contribute and support the development of practice, procedures and policy and specifically the professional development of the team they lead. They are accountable for the practice of practitioners within the team they manage, and provide or ensure effective professional and practice supervision, as well as performance appraisals, takes place. They support mentoring and coaching to enhance the quality of practice. They investigate complaints as needed. They seek to ensure team experience influences and informs the work of the organisation and that of other service providers, supporting and managing change as needed within their area of responsibility.

2.0 PROCEDURE

2.1 Organisation of Supervision Sessions

Individual supervision will take place at least once a month, but in certain circumstances this can be extended to periods of up to 2 months: for example, where the ratio of managers to staff is above 1 – 8. Where it is beneficial to support enhanced critical reflective practice, other forms of supervision may include a variety of methods such as action learning, group or peer supervision, mentoring or coaching.

For ASYEs and newly qualified occupational therapists the provision of regular and structured supervision should follow this format below:

- Week 1-6: weekly
- Week 7 – 6 months: fortnightly
- 6 - 12 months: monthly
- Minimum duration: 1 ½ hours
- Must include critical reflection and analysis of practice

Supervisors must consider with the supervisee whether more frequent individual sessions are required, if the staff member is inexperienced, e.g. for the first 6 months of employment

Each manager and individual member of staff, or group of staff will enter into a supervision agreement, using the model format (Appendix 1).

For each supervision session the manager and member or members of staff will agree an agenda using the Supervision Agenda form (Appendix 2).

Arrangements must allow for individual discussion between organised sessions to deal with urgent matters, performance, individual concerns, and personal matters where relevant and these should be recorded as appropriate.

It is recommended that supervision sessions are planned at least 6 months in advance with a duration of 1½ to 2 hours.

It is the supervisor's role to make arrangements for formal supervision sessions to be held in a place that enables discussion to be confidential and the sessions uninterrupted.

Both parties should ensure that agreed dates and times are adhered to unless alternative arrangements are agreed in exceptional circumstances.

In the case of a group supervision, the supervisor should sign the notes as correct before they are copied for circulation.

The supervisee should countersign the notes to show they are correct, or highlight any points which they do not agree with, and raise them with the supervisor.

Any points of accuracy should be raised at the start of the next meeting as points that need to be changed. The changes will be recorded in the notes of the next meeting.

2.2 Case Discussion

2.2.1 All high-risk cases should be discussed in supervision. High-risk cases are defined as:

- i. Safeguarding Adults cases (these should be flagged on IAS)
- ii. Cases defined on Assessment as high risk
- iii. Cases which are tagged as High Complexity on IAS

2.2.2 Supervisors should follow the current guidance on file audits as this may change dependent on the requirements of the organisation.

2.2.3 Supervisors should undertake the following checks on all cases discussed in supervision:

- i. An appropriate, timely and person centred assessment has been completed. That all equality and Diversity information has been collected and recorded. This should include a carer's assessment where appropriate.
- ii. One should identify if the carer has been offered a separate assessment and/or referral to a Carers Association.
- iii. The eligibility determination reflects the needs and outcomes defined in the assessment and clearly records the rationale for decision making.
- iv. The assessment and support plan are person-centred and promoting the maximum independence, choice and control of the individual service user, showing clearly identified outcomes.
- v. The Promoting Independence Review is person centred and promotes maximum independence taking into account resources to promoting independence e.g. equipment, assistive technology.

A personal development portfolio will be maintained by each individual member of staff to include supervision and appraisal records and learning and development records. All practitioners will maintain a record of Continuing Professional Development to meet national requirements under the PCF and HCPC standards. Staff must be allowed the agreed 6 days for undertaking CPD (Appendix 4) and can use Cumbria's Practice Development Records to support them in this.

A written record will be made of each supervision session. The notes need not be typed, but should be legible. They will be agreed as a record of the discussion and signed by both parties with copies retained by the manager and supervisee (Appendix 4). Where actions agreed on individual cases, this should be recorded on the customers case note on IAS.

Supervision records will be confidential to the supervisee, his/her manager and other managers in appropriate circumstances. They may be referred to as required by senior managers and their advisors. Staff will be informed of such access to records.

The quality of supervision will be assessed using the Supervision Feedback Form (Appendix 3). It is to be completed annually or where there is a change of line manager.

3.0 PRACTICE GUIDELINE

3.1 Management Accountability

Supervisors must ensure that:

The work of the supervisee complies with all current Directorate policies and procedures.

The supervisee has completed all required documentation within specified timescales.

The supervisee is clear about his/her roles and responsibilities.
The supervisee has a manageable workload

Where appropriate, the work of the supervisee meets the standards set out by HCPC. Where the supervisor is not from the same professional background as the supervisee, this should be undertaken in consultation with the relevant professional lead.

NB Workload should be managed by the Supervisor by:

- a. Discussion with the supervisee
- b. Working with the supervisee to prioritise work
- c. Checking in Supervision the tasks they have outstanding for the customer as shown on IAS via worktray/managers tray.
- d. Checking recording of their work with customers is up to date.
- e. Prioritising the team's work
- f. Reporting to the supervisor's manager if workload demand is outstripping staffing resources

3.2 Development

Supervisors should:

Facilitate the supervisee to meet his/her training needs as identified in their appraisal and within the standards of HCPC.

Promote the professional competence of the supervisee and support their access to appropriate training to meet the needs of continuing personal development in line with the PCF and Cumbria Practice Development Records.

Ensure that the worker accesses professional consultation in areas outside the supervisor's knowledge or experience. This is particularly relevant in integrated operational teams where the supervisor is not from the same professional background as the supervisee.

Develop the supervisory relationship to ensure constructive feedback on both the supervisee's performance and the supervision process so that both parties can learn constructively.

3.3 Support

Supervisors should:

Ensure an appropriate environment in which supervisees can raise concerns about any issues affecting their work.

Facilitate discussion and provide guidance regarding decisions on specific issues.

Facilitate critical reflective practice to promote professional development.

Recognise good performance and help build on success.

Acknowledge the supervisee's personal needs, including stress and any difficulties outside work which are impacting on the supervisee's ability to carry out his/her work, and assist by directing to sources of help and support.

Refer to the relevant HR policies for addressing disagreements or difficulties within or with supervision

3.4 Communication

The supervisor should ensure that,

Information that has been disseminated via team meetings, briefings and written communication is understood and acted on by the supervisee where required.

Feedback from the supervisee regarding issues to do with his/her work is channelled back through the appropriate lines for response.

3.5 Reflective Practice

The importance of reflection, and the link between supervision and reflection

*Defensible decisions meet reasonable expectations of standards of practice and can be justified. They are not the same as defensive decision making, which is more like covering your back.
(Research in Practice for Adults, 2013)*

Kemshall (2003) identifies the following criteria for defensible decision making:

- all reasonable steps are taken
- reliable assessment methods are used
- information is collected and thoroughly evaluated
- decisions are recorded and carried through
- agency processes and procedures are followed
- practitioners and managers are investigative and proactive.

Good decisions are supported by:

- Critical reflection
- Using evidence including others' experiences
- Good recording.
- Debriefing on difficult or challenging experiences

- Reflecting on feelings
- Considering biases or assumptions
- Evaluating strengths and weaknesses of actions and plans

Supervisors have three sources of authority:

1. Role Authority – over people finance and resources given by senior management and transparent in any supervision policy.
2. Professional Authority – based on demonstrated competence, knowledge, skills and credibility.
3. Personal Authority – based on how the individual manages his/her attitude to authority and responding to the authority of others.

3.6 Recording supervision

Case material discussed in supervision – needs to be on case file, evidences decision making, accountability, quality assurance. Case discussions are part of the service user's record and should be recorded there. They should be anonymised for the supervision record.

The supervision record is part of the management record and belongs to both the supervisee and the organisation. Each should have a copy.

There may be personal elements of the supervision discussion that do not go on the supervision record. However, they should be noted in a separate confidential record, in case they become relevant to work later.

Supervision discussions need to be recorded promptly and accurately. They should include actions which show expected outcomes, timescales and who will do them.

Supervisors should use agreed pro-formas to record supervision. It is important that these are used flexibly to guide the discussion and do not dictate the session.

Supervision records should be signed by both parties and any disagreement should be noted.

Notes can be taken during or after the meeting, depending on preference. The method should be discussed and agreed.

4.0 Supervision Agreement

Creating an agreement about the process and content of supervision helps manage and meet expectations, and a focus on the aims and functions of supervision.

The agreement should be signed and a record kept by both parties
The agreement should be reviewed at agreed intervals so

- Both parties can ensure it is being followed

- It can be updated as needed to reflect changes in organisational policies, procedures and legislation that it reflects the needs of the person being supervised

APPENDIX 1 – Supervision Agreement

Supervision Agreement – This is a model format and should be used as a basis to write individual agreements.

Through regular formal supervision meetings the following outcomes will be achieved
Management accountability, Development, Support, Communication

NAME Supervisee

NAME Supervisor

1. **Arrangements for supervision sessions**
(refer to) frequency, length
Venue
Agreement on changes and interruption
Access at other times
Any other agreements arising from discussion of particular individual needs
2. **Agenda**
(Refer to) both to prepare in advance
Set jointly at start of session using the agenda checklist
3. **Content**
(Refer to) day to day work – main responsibilities, action
Support – clarification, guidance, feedback
Development – training needs
Management issues – arrangements re appraisal,
Sickness/holidays/conditions, etc
4. **Records**
 - Who will take notes
 - Who will have a copy
5. **Confidentiality**
All issues discussed and recorded in supervision will not be shared with other people unless agreed by all parties, except where there is a risk to a person's safety, or a breach of County Council or Adult and Local Services policy or legal requirements.
6. **Disputes**
It is the responsibility of both the supervisor and supervisee to raise these issues at an early stage as they arise and make a mutual attempt to identify where and why communication is breaking down. This may also be discussed with the supervisor's own line manager who should advise and mediate as appropriate with the staff concerned.
7. **Review**
This agreement will be routinely reviewed on an annual basis. Either X or Y can raise it for review earlier should the need arise.

Signed: X
X

Date:

APPENDIX 2 – Supervision Agenda

SUPERVISION AGENDA

A regular agenda could include:

1. Reviewing the record of the previous session.
 2. Agreeing the agenda for the session.
 3. Update on actions from the previous session.
 4. Critical reflection.
 5. Line management and work update.
 6. Case and workload management.
 7. Continual Professional Development, learning and career opportunities.
-
8. Agreeing actions.
 9. Reviewing the supervision process.
 10. Any other business.
 11. Date of the next meeting.
- RiPfA (2013) *Practice Tool: Supervision*

Cumbria's adult social care supervision policy currently has the following example:

Supervision record examples

<u>Record of Supervision</u>		
Date and time		
Present	Staff member/post	
	Supervisor/post	

Headings from Agenda e.g. ...	
<i>Review of previous session</i>	
<i>Changes or additions to agenda</i>	
<i>Update on actions from previous session</i>	1. 2. 3. 4.
<i>Critical reflection</i>	See tool 3.
<i>Line management and work update</i>	e.g. Work plan and priorities, review of individual and team targets, key issues and achievements.

<i>Line management and work update</i>	e.g. Work plan and priorities, review of individual and team targets, key issues and achievements.
<i>Case and workload management</i>	e.g. Issues and support needed, priorities.
<i>CPD opportunities</i>	e.g. Discuss role and any training needs
<i>Actions</i>	1. 2. 3. 4.
<i>Review of supervision</i>	

<i>Any other business</i>	
<i>Date and time of next meeting</i>	

Good supervision is associated with job satisfaction, commitment to the organisation and retention.

Supervision works best when it pays attention to task assistance, social and emotional support and workers have positive relationships with their supervisors.

The emotionally charged nature of the work can place particular demands on staff, it is important to provide opportunities for reflective practice, therefore good supervision will ensure that staff will be able to:

- Promote independence, take a strength-based approach
- Balance protection and risk enablement, focus on wellbeing and outcomes
- Co-produce, work in partnership, advocate, increase choice and control, be person-centred
- Understand and respond to local needs
- Maintain professional development
- Work anti-oppressively
- Work collaboratively with other agencies
- Work efficiently – be skilful and knowledgeable, use systems well.

APPENDIX 3 – Supervisee Feedback Form

SUPERVISEE FEEDBACK FORM

Date:

Supervision	Usually	Sometimes	Never
1. Is regular and uninterrupted			
2. Meets the Practice Guidelines			
3. Clarifies my roles and responsibilities			
4. Encourages me to plan and evaluate learning and development			
5. Helps me give a better service in my work			
6. Ensures that agency standards are upheld			
7. Includes a review of my work			
8. Enables me to manage my time and workload better			
9. Makes me aware of new areas of professional knowledge			
10. Helps me to reflect on my strengths and weaknesses			
11. Supports me in my work and assists me in managing stress			
12. Involves me in consultation about agency development, and is a medium through which my ideas and concerns can be voiced higher up			
13. Is recorded in my Personal Development Portfolio			
14. Works effectively for me			
The three areas in which I would most like supervision to improve are:			
The things I could contribute to achieving those are:			

(Based on Morrison, T. (1993))

APPENDIX 4 – Record of Supervision

RECORD OF SUPERVISION (Use continuation sheet as necessary)

Supervisee:		Supervisor:		Date:
Ref	Action	By whom	By when	
Next Meeting	Venue	Date	Time	

Agreed as a true record by:

_____ (Supervisee) on _____ (Date) and

_____ (Supervisor) on _____ (Date)

Record of supervision (continuation sheet)

Ref	Action	By whom	By when

Agreed as a true record by:
_____ (Supervisee) on _____ (Date) and
_____ (Supervisor) on _____ (Date)

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LEGISLATION OR OTHER STATUTORY REGULATIONS	N/A
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APPROVAL AND REVIEW	
Original Author:	Christine Chenery
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1.2	2008-05-30	Donna St Claire	Updated following review and made specific to Adult Social Care (except Cumbria Care). Reformatted into current 3P template.
1.3	2010-07-22	Donna St Claire	Updated following review and reformatted into current 3P template.
1.4	2010-10-08	Peter Earnshaw	Mild revision of formatting.

2.0	2011-01-17	Andrew Clark	<p>Converted to new format and numbering system – was 3Ps 10001 + 20003 + 30008.</p> <p>Content reviewed by Donna St Claire and no changes made.</p> <p>Re-approved by Assistant Director Disabilities and Mental Health.</p>
3.0	2015-10-07	Cheryl Page	<p>Updated to reflect change in registration for social workers to HCPC and to reflect requirements of the Professional Capabilities Framework (PCF) and Continuous professional development (CPD). Title of procedure amended.</p>