SUPERVISION

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**Policy Statement**

This organisation believes that staff supervision plays an essential role in protecting both staff and service users; in developing and maintaining high care standards; and in supporting and developing individual staff. In this regard, the organisation expects all members of staff to be supervised in their work and to have an appointed supervisor.

**The Policy**

This policy is intended to set out the values, principles and policies underpinning this organisation’s approach to staff supervision.

**Definitions**

This organisation understands supervision to be a formal arrangement that enables each member of staff to discuss their work regularly with another, more experienced, member, of staff. The more experienced member of staff, known as the supervisor, facilitates the discussion with the less experienced member of staff, the supervisee. The organisation understands the aim of supervision to be to:

• Identify solutions to problems.

• Improve practice.

• Increase understanding of work-related issues.

**All supervision should have three core functions, which are to**

• Promote quality care.

• Promote personal and professional development.

• Provide support to staff in their work.

**Models of Supervision**

Several models of supervision exist, each with its own merits. The organisation recognises that its staff work in a wide variety of settings and therefore that one model would not suit all staff; individual staff should agree with their supervisor the model of supervision that best meets their needs. However, the following guidelines must be followed.

**Formal Supervision**

• All staff must have a nominated supervisor, whose name should be entered in their personal development file. The line manager will assume responsibility for the supervision of all staff.

• All staff should have appropriate levels of supervision that depend upon qualifications, experience, and their own identified need.

• Supervision time must be planned, protected and uninterrupted. Sessions should be held in private but should not be considered confidential.

• Supervision time should be taken while on duty, but at a time that is convenient to other staff on duty and service users.

• Where possible, the conducting of the supervision will be agreed upon between supervisor and supervisee.

• A reflective model of supervision is vital within a social care setting so that staff can learn from any errors or situations where, on reflection, they could have acted differently. This ability to reflect is very important and contributes to a learning culture.

NICE has published a Quality Standard QS123, Home Care for Older People, June 2016, within which the recommended frequency of supervision is three months.

**Recording Principles**

A member of staff may wish to make notes during supervision, but this needs to be agreed upon between supervisor and supervisee beforehand. A written record of supervision should be signed by both supervisor and the supervisee. Any areas of disagreement should also be recorded.

It is important to differentiate between privacy and confidentiality. Supervision cannot be confidential because of the very nature of the discussion. For the supervisor to oversee and promote safeguarding, they must be free to discuss any aspect of formal supervision, where necessary. Copies of the notes and sessions can be included in their continuing professional development (CPD) portfolio and, for other staff undertaking qualifications, the notes can provide evidence for their competencies.

The registered manager will be responsible for the allocation of any delegated supervision tasks.

It is a principle of this organisation that the registered manager has responsibility for the supervision and appraisal of all staff unless this task is delegated to a competent and trained member of staff.

**The Supervision Process**

A preliminary session should be planned between the supervisor and supervisee to formally discuss the supervision, including how it might take place and what they hope to achieve in supervision. The supervision method of recording will be discussed and agreed upon. Confidentiality and its boundaries should be written into the contract.

**Basic Principles**

We are committed to ensuring that:

• Supervision in principle is available for all staff, though the model of coach and mentor for registered managers may be taken in place of formal supervision.

• Supervision (or any information revealed during supervision) will not be used to assess performance or competence but must be dealt with as appropriate using the separate disciplinary mechanism.

• Supervision is distinct from managerial processes.

• Informal supervision is the day-to-day advice and guidance shared between all staff. Although this can also be recorded, in reality, this rarely happens. To make it happen, this organisation agrees with staff at the appropriate levels as to what should be recorded and by whom. This is part of the informal support mechanism available to staff from all tiers of the organisation, and good practice in capturing this informal element should be in place. [AMEND AS REQUIRED]

**Emotional Support**

We recognise that working in the health and social care sector can be very stressful and at certain times staff need emotional support to deal with specific incidents,such as end of life, death of a service user, service users with behaviour that becomes very challenging or they are involved in a disciplinary or safeguarding procedure. Appropriate emotional support can buffer against anxiety, stress and high workloads. Having the opportunity to talk through situations and incidents and receiving emotional support from supervisors may directly improve staff retention and build perceptions of organisational support.

Supervisors are respectful, express empathy for the supervisee, are ‘aware of self’ themselves and use active listening in supervision sessions.

• Debriefing discussions on the emotional impact of specific cases.

• Facilitation of reflection on supervisees’ feelings and personal struggles in aspects of their work which make them feel at risk as practitioners.

• Building an emotionally ‘safe’, supportive relationship with supervisees, which is positively perceived by them. This includes rapport, trust, confidence and enthusiasm.

• Considering how they can give emotional support in a way that does not increase feelings of burnout but reflects on these feelings in a way that builds positive emotional outcomes.

• Effectively provide emotional support, in a safe, confidential, quiet, physical space.

**Evaluation and Review**

At the staff member’s annual appraisal, the format and frequency of supervision should be discussed, reviewed and amended, as necessary, to meet the needs of the individual staff member.

**Related Policies**

Appraisal

Code of Conduct for Workers

Equal Opportunities

Monitoring and Accounting

**Related Guidance**

SCIE Effective Supervision in a Variety of Settings:

www.scie.org.uk

**Training Statement**

All staff, during induction, are made aware of the organisation’s policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one to one, online, workbook, group meetings, and individual supervisions. External courses are sourced as required please peak to the Registered Manager for further information.

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