
Staff Supervision (England) Policy

Policy Statement

The care service's supervision policy is in line with Regulations 17: Good Governance, 18: Staffing, and 19: Fit and Proper Persons Employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and best employment practices.

1. This supervision policy applies to all staff members including care, management, catering, domestic and maintenance staff. Registered nurses employed by the care service are expected to receive clinical supervision to meet their Nursing and Midwifery Council (NMC) post-registration revalidation requirements.
2. The care service is committed to providing its care staff with formal supervision at least four times a year, which will complement the informal supervision that carries on continuously.
3. The care service works to a model of supervision that integrates management, educational, advisory and support functions to:
 - a. achieve optimum outcomes for people receiving care
 - b. ensure best practice and attainment of required standards of care
 - c. ensure compliance with stated policies and procedures and other organisational requirements
 - d. enable staff to feel valued and well supported
 - e. enable staff to continuously develop and improve their knowledge and skills.

Supervision Arrangements for Care Staff

1. Every member of the care staff has a designated supervisor, usually a senior care assistant, though it could be another senior staff member or experienced and qualified staff member who is competent to act as staff supervisor.
2. On appointment or following their induction programme, care staff members meet a nominated supervisor to plan or take part in a schedule of supervision meetings.
3. The programme could include group or team supervision meetings in addition to one-to-one meetings depending on the staff needs and the current situation of the organisation. The organisation uses one-to-one supervision meetings to discuss issues relating to the individual's work practice. It uses group supervision to address common organisational and team practice issues.

4. The supervisor and care staff member(s) are jointly responsible for ensuring that discussions and meetings occur regularly and are given high priority.
5. All supervision meetings are held in private and as far as possible should be free from interruption.
6. Each care staff member has an annual staff appraisal with their supervisor, which forms part of the supervision programme.

Supervision Arrangements for Management and other Support Staff (eg Administrative, Domestic or Catering Staff)

1. Every support staff member has a designated supervisor on appointment.
2. The supervision arrangements for support staff are similar to those for care staff tailored to their specific roles and responsibilities and typically consist of a combination of one-to-one and group supervision opportunities.
3. Supervision agendas similarly reflect respective staff roles and responsibilities. For example, in catering and domestic staff supervision meetings, health and safety issues as well as practical matters usually feature prominently.
4. Support staff supervision meetings are recorded in the same way as those for care staff.
5. There is a similar pattern of supervision for all senior care and management staff. Each member of the senior staff or management team receives supervision at the appropriate level in relation to their respective work programmes in accordance with the principles described in this policy.

Confidentiality of Information

1. All supervision meetings observe the organisation's policies on confidentiality of information. Participants must be clear from the outset of a supervision session what information should be treated in confidence and what cannot and what will be recorded or may be disclosed "off the record". Any information that cannot be treated in confidence in the supervision context may be disclosed to a third party/parties only on a need-to-know basis.
2. Where matters need to be taken beyond the supervision context, actions are taken openly with everyone involved informed of what is to happen. (For example, if the discussion raises issues about protection and safety of people receiving care.)

Supervision Recording and Access to Records

1. All formal supervision meetings for care and non-care staff are recorded in an agreed format which includes the following:
 - a. details of key discussion points

- b. agreed actions to be taken
 - c. targets and timescales for any actions to be taken.
- 2. All taking part in the meeting sign the record, which must indicate agreements and disagreements over every aspect. Staff must be aware that formal records will need to be available to CQC inspectors.
- 3. Signed supervision records belong to the organisation and are kept in a safe place. Access is allowed by authorised persons only. This normally means the immediate supervisee(s) and their supervisor, with others being allowed access for specific, stated purposes and only with the agreement and knowledge of those involved.
- 4. Recording and access to records policies do not prevent people from making their own informal notes of meetings and discussions, containing personal reflections, learning points, etc. These will not be used as substitutes for formal records required for compliance purposes.

Training

The organisation has a policy of ensuring all members of staff employed as supervisors receive appropriate training. Care staff also receive training as part of their induction programme on what they can expect from supervision.

Review

Signed: _____

Date: _____

Policy review date: _____