

Registration under the Health and Social Care Act 2008

Supporting information and guidance: Supporting effective clinical supervision

July 2013

Contents

Summary	3
Background	3
1. What are the aims of supervision?	3
2. What is clinical supervision?	4
3. Who should receive clinical supervision?	5
4. What are the benefits of clinical supervision for staff?	5
5. What are the benefits for people who use services and carers?	5
6. What are the benefits for service providers?	5
7. What are the roles and duties of the registered manager and nominated individual in relation to clinical supervision?	6
8. What does an effective system of clinical supervision look like?	7
9. What models of clinical supervision are there?	7
10. What training and development should supervisors have?	8
11. What is the recommended frequency and duration of clinical supervision?	8
12. What should the content of clinical supervision include?	9
13. What is the role of the supervisor and supervisee?	9
14. Should there be a supervision contract in place?	10
Additional references for further information	11

Summary

CQC has produced this supporting information and guidance in response to recommendations from the Winterbourne View Serious Case Review and in line with the commitments that we made in the [Winterbourne View Review Concordat: Programme of Action](#).

It sets out what effective clinical supervision should look like, and is of particular relevance within care settings for people with a learning disability. However, it has broader application to registered providers, registered managers and staff across ALL care sectors and settings. The supporting information and guidance is designed to be used by legally responsible registered providers, registered managers and the staff they supervise, in relation to regulatory requirements.

We use the *Guidance about compliance: Essential standards of quality and safety* and the *Judgement framework* when carrying out compliance and enforcement activity. This supporting information and guidance does not introduce additional guidance about complying with regulatory requirements.

There is further information about Winterbourne View in the report of the [Serious Case Review](#) and in the Department of Health's [Winterbourne View Review: Concordat: A Programme of Action](#).

Background

1. What are the aims of supervision?

There are several types of supervision – the three most commonly referred to are: clinical, managerial and professional supervision. The terms used in this area may sometimes overlap and in practical terms, it may sometimes be difficult to separate them from each other.

Managerial supervision is carried out by a supervisor with authority and accountability for the supervisee. It provides the opportunity for staff to:

- Review their performance.
- Set priorities/objectives in line with the organisation's objectives and service needs.
- Identify training and continuing development needs.

Clinical supervision provides an opportunity for staff to:

- Reflect on and review their practice.
- Discuss individual cases in depth.
- Change or modify their practice and identify training and continuing development needs.

Professional supervision is often interchangeable with clinical supervision. This term is sometimes used where supervision is carried out by another member of the same profession or group. This can provide staff with the opportunity to:

- Review professional standards.
- Keep up to date with developments in their profession.
- Identify professional training and continuing development needs.
- Ensure that they are working within professional codes of conduct and boundaries.

We use the term ‘clinical supervision’ in this supporting guidance to refer to the supervision for all staff who care for people who use services, including registered professionals and support workers. Clinical supervision is about maintaining the professionalism of these staff groups in working with people who use services.

2. What is clinical supervision?

Skills for Care (2007) define ‘supervision’ as “an accountable process which supports, assures and develops the knowledge skills and values of an individual group or team”.

<http://www.skillsforcare.org.uk/publications/ProvidingEffectiveSupervision.aspx>

In some professions and occupations, alternative titles may be used, such as ‘peer supervision’, ‘developmental supervision’, ‘reflective supervision’ or just ‘supervision’, but generally clinical supervision is seen as complementary to, but separate from, managerial supervision, which is about monitoring and appraising the performance of staff.

The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice.

3. Who should receive clinical supervision?

Clinical supervision is often primarily aimed at registered professionals (for example, nurses, doctors, social workers and allied health professionals).

In services for people with a learning disability or autism, the staff who care for the people using the services should have access to appropriate forms of support, including clinical supervision. This applies to all staff, including those who are not professionally registered.

4. What are the benefits of clinical supervision for staff?

Clinical supervision has a number of benefits for staff:

- It can help staff to manage the personal and professional demands created by the nature of their work. This is particularly important for those who work with people who have complex and challenging needs – clinical supervision provides an environment in which they can explore their own personal and emotional reactions to their work.
- It can allow the member of staff to reflect on and challenge their own practice in a safe and confidential environment. They can also receive feedback on their skills that is separate from managerial considerations.
- It can be one part of their professional development, and also help to identify developmental needs. It can contribute towards meeting requirements of professional bodies and regulatory requirements for continuing professional development (where applicable).

5. What are the benefits for people who use services and carers?

Clinical supervision can help ensure that people who use services and their carers receive high quality care at all times from staff who are able to manage the personal and emotional impact of their practice.

6. What are the benefits for service providers?

Clinical supervision should be valued within the context of the culture of the organisation, which is crucial in setting the tone, values and behaviours expected of individuals. It should sit alongside good practices in recruitment, induction and training to ensure that staff have the right skills, attitudes and support to provide high quality services.

Clinical supervision has been associated with higher levels of job satisfaction, improved retention, reduced turnover and staff effectiveness. Effective clinical supervision may increase employees' perceptions of organisational support and improve their commitment to an organisation's vision and goals. It is one way for a provider to fulfil their duty of care to staff.

Importantly, clinical supervision has been linked to good clinical governance, by helping to support quality improvement, managing risks, and by increasing accountability.

See the [briefing on Effective supervision in social work and social care](#) from the Social Care Institute of Excellence.

and the Royal College of Nursing's [*Clinical supervision in the workplace*](#).

A focus on the relationships between the registered provider or manager, people who use services, their families and staff has been identified as one feature of services that demonstrate good practice in caring for people with a learning disability and challenging behaviour or mental health needs. As part of this, emotional support and supervision have been identified as important components.

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_080129

Clinical supervision is considered to be an essential part of good professional practice by a range of different professional bodies. It can contribute to meeting any continuing professional development requirements set by a professional body or a regulator, and can therefore help ensure that staff remain registered and able to work (if applicable).

7. What are the roles and duties of the registered manager and nominated individual in relation to clinical supervision?

The registered provider or manager must have suitable arrangements in place to ensure that people employed for the purposes of carrying out the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to people who use services safely and to an appropriate standard. An effective system of clinical supervision is one way of ensuring this. See Regulation 23 (Outcome 14) in the [Guidance about compliance: Essential standards of quality and safety](#).

A [nominated individual](#) is someone who has responsibility for supervising the management of the regulated activity where the legal entity of the registered provider is an organisation (an individual or a partnership do not need a nominated individual). They must be an employed director, manager or secretary of the organisation. Supervising the management of the regulated activity includes clinical supervision arrangements.

8. What does an effective system of clinical supervision look like?

All staff who care for people with a learning disability or autism should have access to clinical supervision, which is normally separate from managerial supervision.

Registered providers or managers should ensure that there is a clear up-to-date policy that describes the arrangements for supervision, including clinical supervision, and how this is implemented and delivered.

The registered provider or manager's approach to clinical supervision might vary depending on a number of factors, including the needs of the people they provide services to and their carers; how their service is delivered; and the different staff groups involved. The following sections provide some information about areas that registered managers and providers should think about in developing their approach to clinical supervision.

Skills for Care published [*Providing effective supervision*](#) (2007), which sets out what a supervision policy might include.

9. What models of clinical supervision are there?

There are a number of different models of clinical supervision.

Different models or ways of delivering clinical supervision could include the following:

- One-to-one supervision between a supervisor and supervisee.
 - Group supervision in which two or more practitioners discuss their work with a supervisor.
 - Peer or co-supervision where practitioners discuss work with each other, with the role of supervisor being shared or with no individual member of staff acting as a formal supervisor.
 - A combination of the above.
-

The appropriate model of clinical supervision may vary depending on a number of factors, including the experience of the supervisee, the weight of their workload and their professional background. Professional bodies most frequently refer to one-to-one supervision or group supervision.

10. What training and development should supervisors have?

Supervisors should be adequately trained, experienced and supported to perform their role.

They may not always come from the same professional background as the supervisee, although this is strongly advised.

Importantly, the supervisor should have the skills, qualifications, experience and knowledge of the area of practice required to undertake their role effectively. They should also be supported through having their own clinical supervision.

Supervision is a mandatory requirement of the Level 5 Management of Adult Services and Management of Adult Management Services qualification, and is identified as a key task in Skills for Care's Manager induction standards.

www.skillsforcare.org.uk/mis/

See the learning unit '[Develop professional supervision practice in health and social care or children and young people's work settings](#)'.

11. What is the recommended frequency and duration of clinical supervision?

Clinical supervision should take place regularly. The frequency and duration of clinical supervision should be adequate to ensure safe and competent care for people who use services.

The most appropriate supervision arrangements for a member of staff are determined by a number of factors, including their experience, the type of work they carry out and their individual needs (Skills for Care, 2007).

<http://www.skillsforcare.org.uk/publications/ProvidingEffectiveSupervision.aspx>

A range of professional bodies provide guidance about what they consider to be an appropriate frequency and duration for different groups. Providers, registered managers and staff should refer to the appropriate professional body for advice on frequency.

12. What should the content of clinical supervision include?	Good clinical supervision relies on trust and therefore (within some limits, see below) a supervisee has a right to expect the content of the session to remain confidential. The content of a supervision session will be agreed between the supervisor and supervisee.
---	--

If concerns are identified in the course of supervision about a staff member's conduct, competence or physical or mental health, the supervisor may need to disclose information from a supervision session to an appropriate person, such as the staff member's line manager. This should be clearly set out in any policy on clinical supervision and in supervision contracts.

13. What is the role of the supervisor and supervisee?	Effective clinical supervision relies on a good working relationship between supervisors and supervisees, whose responsibilities are set out below.
---	---

Supervisees should:

- Prepare for supervision sessions, which include identifying issues from their practice for discussion with their supervisor.
- Take responsibility for making effective use of time, and for the outcomes and actions taken as result of the supervision.
- Take an active role in their own personal and professional development, keeping written records of their supervision sessions.

Supervisors should:

- Adopt a supportive and facilitative approach to help supervisees to identify issues, manage their response to their practice and identify personal and professional development needs.
- Ensure a supervision contract is place so that both supervisor and supervisee are aware of roles, responsibilities and boundaries.
- Keep a record of supervision sessions, reviewing any action plans.
- Act appropriately to share information where there are serious concerns about the conduct, competence or health of a practitioner.
- Keep up to date with their own professional development including ensuring that they have access to their own supervision.

14. Should there be a supervision contract in place?

A number of professional bodies identify that it is good practice to put in place a written agreement or contract between supervisor and supervisee at the outset of supervision sessions. Clear records should also be kept of supervision sessions.

Skills for Care (2007) have published examples of supervision agreements, agendas and records.

<http://www.skillsforcare.org.uk/publications/ProvidingEffectiveSupervision.aspx>

Additional references for further information

British Association for Music Therapy Clinical Supervision, Information and guidance for the profession (2008).

<http://www.bamt.org/british-association-for-music-therapy-resources/guide-to-professional-practice.html>

British Association of Dramatherapists, Code of practice (2005).

<http://badth.org.uk/code>

British Association of Social Workers, UK supervision policy (2011).

<http://www.basw.co.uk/resource/?id=1335>

British Psychological Society, Division of Clinical Psychology, Continued Supervision (2006).

[http://dcp.bps.org.uk/dcp/dcp-publications/good-practice-guidelines/continued-supervision\\$.cfm](http://dcp.bps.org.uk/dcp/dcp-publications/good-practice-guidelines/continued-supervision$.cfm)

British Psychological Society, Division of Occupational Psychology, Professional practice guidelines (2005).

http://www.bps.org.uk/sites/default/files/documents/professional_practice_guidelines_-division_of_counselling_psychology.pdf

The Care Quality Commission

<http://www.cqc.org.uk/>

Care Quality Commission, Guidance about compliance: Essential standards of quality and safety(2010).

<http://www.cqc.org.uk/sites/default/files/media/documents/gac - dec 2011 update.pdf>

College of Occupational therapists (2010). Code of ethics and professional conduct.

<http://www.cot.co.uk/sites/default/files/publications/public/Code-of-Ethics2010.pdf>

College of Occupational therapists, Briefing 55: Management Briefing: Supervision (2010).

<http://www.cot.co.uk/organisation-and-management-ot-services/briefing-55-management-briefing-supervision>

Department of Health, Services for people with learning disabilities and challenging behaviour or mental health needs (2007).

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_080129

Department of Health, Transforming care: A national response to Winterbourne View hospital (2012).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127310/final-report.pdf.pdf

Department of Health, Winterbourne View Review Concordat: Programme of Action (2012).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127312/Concordat.pdf.pdf

General Medical Council, Continuing Professional Development, Guidance for Doctors (2012).

http://www.gmc-uk.org/CPD_guidance_June_12.pdf_48970799.pdf

Health and Care Professions Council, Continuing professional development and your registration (2011).

http://www.hpc-uk.org/assets/documents/10001314CPD_and_your_registration.pdf

National Leadership Academy for Social Care resources including:
Support programmes for Registered Managers including advice around supervision and other management issues

https://www.nsasocialcare.co.uk/registered_managers/new

Leadership Qualities Framework which includes guidance on appropriate behaviours and can be used as a reference document in supervision and appraisal

<https://www.nsasocialcare.co.uk/about-us/leadership-qualities-framework>

Nursing and Midwifery Council, Clinical supervision for registered nurses (2008).

<http://www.queenmarysroehampton.nhs.uk/working/supervision/Supervision%20Documents/Advice%20sheet%20for%20registered%20nurses.pdf>

Nursing and Midwifery Council, The Prep handbook (2011).

http://www.nmc-uk.org/Documents/Standards/NMC_Prep-handbook_2011.pdf

Royal College of Nursing, Clinical supervision in the workplace – Guidance for occupational health nurses (2002).

http://www.rcn.org.uk/_data/assets/pdf_file/0007/78523/001549.pdf

Royal College of Psychiatrists (2010). Supervision for career-grade psychiatrists in managed settings.

http://www.rcpsych.ac.uk/pdf/PS02_%202010.pdf

Royal College of Speech and Language Therapists (2006). Communicating Quality 3.
http://www.rcslt.org/speech_and_language_therapy/standards/professional_standards_cq3

Social Care Institute for Excellence, SCIE Research briefing 43: Effective supervision in social work and social care (2012).
<http://www.scie.org.uk/publications/briefings/files/briefing43.pdf>

Social Care Institute for Excellence (2013). Practice Guide to Supervision in a Variety of Settings.
<http://www.scie.org.uk/publications/guides/guide50/>

There are also two SCTV films that act as case studies:

SCTV: <http://www.scie.org.uk/socialcaretv/topic.asp?t=supervision>

1. Supervision: supporting staff to provide good care (Supported Living Setting)
2. Enhancing staff development through supervision (residential setting)

Skills for Care (2007). Providing effective supervision. A workforce development tool, including a unit of competence and supporting guidance.

<http://www.skillsforcare.org.uk/publications/ProvidingEffectiveSupervision.aspx>

Skills for Care (2011). Implementing the ‘autism skills and knowledge list’ through staff training and development.

http://www.skillsforcare.org.uk/developing_skills/autism/autism_skills_and_knowledge_list.aspx

Skills for Care (2012). Manager induction standards.

<http://www.skillsforcare.org.uk/mis/>

Skills for Care and Skills for Health (2011). Autism skills and knowledge list, for workers in generic social care and health service

http://www.skillsforcare.org.uk/developing_skills/autism/autism_skills_and_knowledge_list.aspx

Skills for Care and Skills for Health (2012). Code of conduct for healthcare support workers and adult social care workers in England.

<http://www.skillsforhealth.org.uk/about-us/news/code-of-conduct-and-national-minimum-training-standards-for-healthcare-support-workers/>

Skills for Care and Skills for Health (2012). National minimum training standards for healthcare support workers and adult social workers in England

<http://www.skillsforcare.org.uk/codeofconductandtrainingstandards/>

Social Work Reform Board (2012). Standards for employers of social workers in England and supervision framework.

http://www.local.gov.uk/web/quest/workforce-/journal_content/56/10171/3511605/ARTICLE-TEMPLATE

South Gloucestershire Safeguarding Adults Board (2012). Winterbourne View Hospital. A serious case review.

<http://hosted.southglos.gov.uk/wv/report.pdf>
