

IFA – Keys to Life/Winterbourne Review – linked to Quality Theme 1 – Care & Support Quality Statement 1.5 Aide Memoire

Quality Statement 1	Sources of evidence	Questions to ask	Comments
<p>1.5 We respond to service users care and support needs using person centred values</p>	<p>1. Human rights</p> <ul style="list-style-type: none"> • Service can explain how they do this? • Demonstrated in personal plans • Initiatives in the community/making use of the community/involvement with the community • Service users and families can provide examples • Communication with local authorities and other agencies • Training resources for staff to support human rights e.g. those found at, http://scottishhumanrights.com/careaboutrights • Support to vote, marry, take risks and have relationships 	<ul style="list-style-type: none"> • Have you taken positive steps to promote equality and human rights for the people you provide care and support for? Yes/ No 	

Quality Statement 2	Sources of evidence	Questions to ask	Comments
<p>1.5 We respond to service users care and support needs using person centred values</p>	<p>2. Health</p> <ul style="list-style-type: none"> • All service users have an up to date health passport in place • Appropriate referrals have been made to access oral health services as appropriate • Appropriate referrals have been made to access specialist epilepsy services • Appropriate referrals have been made to access local See Hear policy/ services • Appropriate referrals have been made to access specialist palliative care services • Appropriate referrals have been made to access specialist nutrition and weight management service • Evidence of how people are supported to access general primary care services (GP, dentist, optician, chiropodist) and health promotion/screening services (e.g. diabetes, bowel, breast or prostate) • Evidence of how people are supported to use specialist health services such as SALT, OT, Physio, psychiatry, counselling, CLDT, mental health services • Evidence of difficulties accessing support when peoples needs change? If yes – what services has service found difficult to access (e.g. OT/SALT/CPSY/PSYCHIATRY/CPN/CALMS (Behavioural support)/OTHER) • The end result of the service’s assessment and support planning for healthcare means there are examples of better health outcomes for the service user • Support arrangements for service users who are admitted to hospital. (if funding stops when the person enters a hospital, how does the person with complex needs receive the support they need in hospital in line with Keys to Life?) • Evidence of accessible information for service users to encourage their health promotion (e.g. http://www.easyhealth.org.uk/, • Self directed support and personalisation 	<ul style="list-style-type: none"> • Have you made progress with the health recommendations made in the Keys to Life strategy? Yes/No • Do all people have access to health professionals such as, dentist, dietician, and continence advisor? • Have appropriate referrals been made by GPs to relevant Consultants for appointments? • Have health professionals made specific arrangements for person with learning disabilities to access an appointment that meets their needs such as flexible appointment time i.e. end of day, Double appointment? Based on their personal needs • Have the health professionals taken on board the needs of the person such as taking time to explain? • Are you able to provide staff to support people in hospital and does the LA fund additional costs? 	<ul style="list-style-type: none"> • If no then we should inform the link inspectors

Quality Statement 3	Sources of evidence	Questions to ask	Comments
<p>1.5 We respond to service users care and support needs using person centred values</p>	<p>3. Keeping people safe</p> <ul style="list-style-type: none"> • Engagement with community, families and carers, advocacy and befriending services • Evidence of staff supporting people to regularly stay in touch with family & friends • Are staff provided with training on AWIA, ASP and whistleblowing? • Shared understanding and use of MWC guidance • Service can explain what action they have taken to improve people's quality of life where AWI or guardianship has been needed • Approaches to positive behavioural support • Clear strategies are in place to provide positive behaviour support (this should include triggers identified, assumptions of behaviour, how staff should respond) • Use restraint (Pharmaceutical, seclusion, physical, environmental, technological) is linked to multi-disciplinary agreement, individual need as identified through support plan, staff training/refresher training on approved restraint techniques and procedural guidance based on best practice • Shared understanding and use of MWC guidance material • Timely analysis of incidents and restraint reports and clear follow up action where needed. • Managers/staff have an understanding of the importance of reporting ASP incidents on AP1 forms and not significant incident forms. • Positive crisis intervention outcomes 	<ul style="list-style-type: none"> • Have you taken positive measures to promote the creation of an open culture to ensure people are kept safe and are free from harm? Yes/ No • How do you support people to take risks? 	

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<p>1.5 We respond to service users care and support needs using person centred values</p>	<p>4. Challenging society's expectations</p> <ul style="list-style-type: none"> • Transitions planning e.g. School, higher education, paid work and voluntary work, independent living • Integrated social networks and accessing mainstream community resources/ activities • Encouraging valued roles and responsibilities • How the provider supports people to access arrange of employment opportunities • How do you promote citizenship and equality 	<ul style="list-style-type: none"> • Have you taken forward the recommendations in the Keys to Life strategy to dispel stereotypes for the people you support? Yes/No • Are services aware of the autism strategy? 	

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<p>1.5 We respond to service users care and support needs using person centred values</p>	<p>5. Supporting Communication</p> <ul style="list-style-type: none"> • Use of computer software such as Boardmaker, symbols, communication passports • Staff are trained in and make use of sign language such as BSL, Makaton, etc. appropriate to service user • Pain and anxiety measurement tools are in use, such as DISDAT tool • Use of communication aids such as Talking Mats, iPad, computer, photos, etc. • Diary system • Involvement of family, advocacy workers and relevant others • The impact on other people living in the service, when accepting offering a new service user a placement in the care home, is assessed and addressed • The impact on other services users, when the needs of someone living with them changes, is assessed and addressed • How have you identified and assessed how behaviour influences and impacts as means of communication 	<ul style="list-style-type: none"> • Do you actively support people who use your service to communicate their needs and wishes where they cannot communicate verbally? • Have you had any difficulties in accessing communication training? • How have you identified and assessed how behaviour influences and impacts as means of communication 	

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<p>1.5 We respond to service users care and support needs using person centred values</p>	<p>6. Contact with Local Authority/Health Board</p>	<p>Do you know how to access care manager support from the community health partnership? Yes/No</p>	

Quality Statement	Sources of evidence	Questions to ask	Comments
<p>1.5 We respond to service users care and support needs using person centred values</p>	<p>7. Excellent Practice</p> <ul style="list-style-type: none"> • Evidence from managers and staff • Outcomes for service user 	<p>Do you have examples of excellent practice which delivers positive experiences in a person centred way Yes/No</p>	

Quality Theme 1 – Care and Support

Quality Statement	Sources of evidence	Questions to ask	Comments
<p>1.1 Quality of Care and Support</p> <p>We ensure that service users and carers participate in assessing and improving the quality of care and support provided by the service.</p> <p>2.1 Environment</p> <p>3.1 Staffing</p> <p>4.1 Management and Leadership</p>	<p>Introductory pack</p> <p>Introductory visits</p>	<ul style="list-style-type: none"> • Does the service have an Introductory Pack? • Is it available in an accessible format? • Does it cover all the areas highlighted in the National Care Standards? • Are Introductory Visits carried out in a person centred manner? 	<p>An introductory pack should be available that enables the service user to be involved in the decision making process to identify whether or not the service will meet individual need.</p> <p>This process might involve introductory visits by a manager to enable the service user and their family member to ask questions or it might include a visit to the service to meet other service users and staff.</p>
	<p>Involvement and participation policy and procedures</p>	<ul style="list-style-type: none"> • Does the service have an Involvement/Participation Strategy/Policy? • In what ways are they ensure that this policy is being put into practice? • Has there been progression in the service on participation and involvement? 	<p>The involvement and participation policy and procedure should state the aim and objectives and inform people about the benefits of being involved in assessing the quality of the service. It should create a message that they have a right to make suggestions and give their views about the service they receive. Leads to person centred care.</p> <p>We want to see evidence of action taken to make necessary improvements or to implements people’s suggestions. This will confirm for us the effectiveness of the process, that there is a person centred approach to improving the service and that involvement and participation is part of the service quality assurance processes.</p>
	<p>Complaint policy and procedure</p>		<p>The complaints policy and procedure should detail how to make a complaint and the formal process of investigation enabling improvement to the service. There should be evidence of the policy and procedure being implemented including findings and actions taken. There should be evidence of follow-up to measure the level of satisfaction, how the process has been undertaken and the outcomes for the complainant.</p>

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<p>1.1 Quality of Care and Support</p> <p>We ensure that service users and carers participate in assessing and improving the quality of care and support provided by the service.</p> <p>2.1 Environment</p> <p>3.1 Staffing</p> <p>4.1 Management and Leadership</p>	Other examples of engagement including recruitment, supervision, appraisal and training	<ul style="list-style-type: none"> • Are there opportunities for service user and/or families to participate in the recruitment of staff? • How does the service seek feedback on the performance of staff to inform processes such as supervision/ appraisals and training plans? 	There should be a range of methods for people to participate in assessing and improving the quality of staff – people should be able to choose the option most comfortable to them i.e. suggesting questions/answers that would be important to them, ‘pen profiles’ of staff to consider when ‘matching’ – could help to identify training needs, meet and greet, participating in interviews and consideration to feedback when appointing staff.
	Range of communication methods/ tools	Are the policies and procedures available in easy-read and other formats?	
	Evidence of actions taken to implement improvements		We want to see how the service has summarised the findings of the process of engagement to identify strengths and areas for improvement. If there is lack of evidence to suggest this then we must question the reason for any engagement as it is not resulting in improved outcomes for people.
	Improvement plans showing engagement with stakeholders		<p>We should see a history of the effects of service user and stakeholder engagement through tracking documentation including improvement plans. This is part of the quality assurance processes for the service and will confirm that the service has involved people in assessing the quality across all aspects of the service.</p> <p>We want to see how the service has shared the finding highlighting what people thought was good and what areas will be improved. This shows effective communication, openness and transparency. It should give an indication that it is worthwhile for service users and family to give their views and to make suggestions as it might have a positive impact on the outcomes for service users.</p>

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<p>1.1 Quality of Care and Support</p> <p>We ensure that service users and carers participate in assessing and improving the quality of care and support provided by the service.</p> <p>2.1 Environment</p> <p>3.1 Staffing</p> <p>4.1 Management and Leadership</p>	Involvement of advocacy	Have you had difficulties in getting advocacy support for people	The service would involve advocacy services in a bid to ensure that all service users have a voice. There might also be opportunities for service users to be involved in external consultations e.g. Scottish Government consultations.
	Service self assessment		
		<ul style="list-style-type: none"> • If an emergency placement is required how creative is the service in communicating with the service user and family? • How Is the service user involved in the review of care and support? • Is there evidence that the service has considered Quality themes and statements, NCS and best practice guidance? • Have the service users been involved in the development of policies and procedures? • Does the service have a relative or carers group to help with decisions about the quality of the service? 	<p>We should see services identifying areas that people are satisfied with and areas that need a focus of consultation. Some aspects of the service should be identified as only needing a light touch focus to ensure that there is a continued level of satisfaction. Other areas will need a higher level of consultation to reach an agreement about how improvements could be made.</p> <p>Excellent practice would include service user or family members being involved in facilitating meetings or other engagement opportunities to ensure objectivity. The finding would be fed into the service processes for assessing the quality of the service.</p>

Quality Theme 2 – Quality of Environment

Quality Statement	Sources of evidence	Questions to ask	Comments
<p>2.3 The environment allows service users to have as positive a quality of life as possible</p>	<ul style="list-style-type: none"> • Barrier free home and garden • Infection control policy • Physical environment check on bedrooms and garden or outdoor area • Risk assessment – evidence of service users' involvement • Communication aids • Physical environment check on communal area • Physical environment check on building • Personal plans and running notes • Staff training records • Feedback from staff and service users and observations of interactions • Aids and adaptations 	<ul style="list-style-type: none"> • Are there opportunities for service users to make observations, express views and make suggestions about their service provision? • How do you ensure that all participants in the home (staff, service users and relatives) have opportunities to make a contribution and support each other? • How do you strive to ensure that recreation, social, and personal development are essential parts of the service user's quality of life? • To what extent do service users have a say in the running of the home • What opportunities are there for fun, pleasure, recreation, education, work (voluntary or paid), self development? • What makes this a safe place to live? • How do you maintain service users' sense of identity? • Are you confident about reporting poor practice? 	<ul style="list-style-type: none"> • We should find examples of quality of life outcomes • Focus is on providing person centred care and support including risk and risk taking. • The service promotes people's rights to risk taking and has up to date risk assessments in place with the person and family being involved. • The need for restraints are clearly evidenced in the support plans and risk assessments, for example; the need for a kitchen cupboard to be locked. • The service uses telecare/electronic technology to promote a person's right to take risks and live in a barrier free environment. • access to social contact and company, • service users have a sense of social integration and we can see how this happens in practice (community involvement, clubs, social events, etc. and not just with other service users) • service users have access to meaningful activity and stimulation • the ethos of the service maximises a sense of autonomy and independence appropriate to service users' level of capacity (e.g. this can be seen in staff feedback, risk assessments, support plans, activity diaries and daily running notes) • The personal plan should include assessments that reflect the current needs of the service user. These assessments should be regularly reviewed and updated according to the client group to ensure they reflect current need • we find evidence of ways in which the service maintains the person's sense of personal identity (e.g. personalisation of space, clothing, musical preferences, activities, etc..) • service users tell us they feel safe and secure • services users are helped to maintain an appropriate level of personal hygiene • service users live in a clean and comfortable environment (infection control measures, cleaning schedules, staff training, environmental audits) • the environment is adapted to meet the needs of the people who use the service, e.g. mobility aids and barrier free, dementia friendly, sensory stimulation for people with profound learning

			<p>disabilities/complex needs, etc.)</p> <ul style="list-style-type: none"> • We should find examples of how the service provision has a desired impact on service users. This is measured by service users and relatives having a say in the running of the service, feel listened to (e.g. over choice of who supports them and daily routines), feel valued and respected, are treated as an individual, allowed to flourish and contribute to the development of the service (evidence for this will come from service users themselves, observations, and from complaint logs, reviews and group meetings and other participation methods, • The service provides support to people to adapt to life changes and build resilience, for instance by building networks and building the capacity for self care. personal care practices are respectful and supported by appropriate aids and adaptations. • The layout of the environment, its facilities and staff practice engender confidence, promote independence. Provide opportunities to develop skills (e.g. cooking, self medication, etc..), the service contributes to the positive experience of each person with opportunities for social interaction and forming positive relationships • Service users are protected from the dangers of social media and the internet such as grooming • Staff are well trained in adult support and protection, managing challenging behaviour and de-escalation skills. Staff should be able to tell us that they are confident about reporting poor practice or abuse • In general, there is continued professional development of staff in areas such as medication administration, moving and handling, challenging behaviour, communication tools, all contributing to a service being able to evidence its progress in this statement. • The role of family carers is recognised and promoted, where appropriate • Care is delivered by a consistent staff group to ensure continuity of practice • Staff have effective ways to communicate with people who cannot speak • The service ensures that service users capacity is fully assessed in relation to adults with incapacity legislation and that appropriate powers are granted such as guardianship to promote and safeguard the person's interests • Where necessary, service takes account of space standards as set out in NCS
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Quality Theme 3 – Quality of Staffing

Quality Statement	Sources of evidence	Questions to ask	Comments
3.4 We ensure that everyone working in the service has an ethos of respect towards service users and each other	Policies and procedures: <ul style="list-style-type: none"> • Equal Ops • Person Centred Practice • Rights/values Mission Statement Participation strategy, <ul style="list-style-type: none"> • Policy/Strategy • Minutes of meetings re involvement 	<ul style="list-style-type: none"> • How does the provider ensure that there are clear procedures for setting standards of conduct, care and welfare? • How do staff demonstrate that they have a good knowledge of the National Care Standards (NCS) and the principles, including how these have had a direct impact on their work with service users • How do the provider's policies and procedures reflect the NCS and principles? • What opportunities are provided for staff and service users to discuss matters in confidence? 	<ul style="list-style-type: none"> • Would expect staff instructed in the policies and mission statement during Induction. Does the provider test staff's understanding in anyway? • Would expect NCS to feature in induction and on-going training. Also code of practice SSSC • Values training • How does the provider assess this as part of their own Quality Assurance • Link to quality statements .1. • Questionnaires ask this question- Observation during inspection.
	Staff training records	Are staff trained in the promotion of the principles of equality and diversity and what evidence is there that they operate in accordance with these principles?	
	Records made by staff: <ul style="list-style-type: none"> • Incidents • Communications books • Staff meeting minutes • Daily notes • Support plans 		
	Observation of practice <ul style="list-style-type: none"> • Observations by inspector • Discussions with staff • Discussions with relatives/carers 	Do staff and carers describe a culture in the service which reflects good values?	

	Observations by senior staff/managers	Are staff observed putting these values into practice, interacting positively with service users and being responsive to service users' needs?	Is there time to discuss/communicate for example; team meetings, key worker meetings, staff supervision to discuss practice that leads to improvement in respect for service users, staff and management? Is there an ethos of support for service users' staff and management?
	Service user feedback <ul style="list-style-type: none"> • Verbally • Service Questionnaires • Care Inspectorate Questionnaires 	<ul style="list-style-type: none"> • Do service users report that staff are respectful and caring and treat them with dignity? • How do your staff encourage service users to express their views and ask questions? 	

Quality Theme 4 – Management & Leadership

Quality Statement	Sources of evidence	Questions to ask	Comments
<p>4.3 To encourage good quality care, we promote leadership values throughout our workforce</p>	<p>Aims and Objectives</p> <ul style="list-style-type: none"> • Corporate Plan • Annual Report • Statement of Aims and Objectives 	<ul style="list-style-type: none"> • Do all staff members have opportunities to take part in developing aims and objectives for the service? If so what are the outcomes from this? E.g. innovative ideas for development of the service. • Is it clear who is responsible for planning within your service and updating your service's strategic aims and objectives, including updating policies, staff management structure and staff training to deliver new strategic developments? • How do you ensure that your staff members understand the aims and objectives contained in your corporate plan/annual report/statement of aims and objectives? 	<p>Objectives setting and reviewing is a key part of the service led by management but inclusive of all staff members.</p>
	<p>Training Records</p> <ul style="list-style-type: none"> • Supervision • Appraisal • Management Induction • Leadership Training • SVQs • Conflict Resolution • Negotiation Skills • Other Management Training 	<ul style="list-style-type: none"> • What training has been made available to staff and managers in respect of leadership? • Do you make leadership training accessible to all staff? 	<ul style="list-style-type: none"> • Good use of SVQ training - setting the bar for SVQ at level 3 rather than 2 - recognising the benefits of this to challenge staff thinking and progression within service. • Are there assessments in place to assess staff practice and competency? Such as observation of practice ? How is this fed into supervision sessions and general improvement in service provision • Management and Leadership development Programmes that consider Leadership Skills such as leadership and vision, power and influence, positive risk taking • Management training programme which will support staff's leadership development, both those currently in management posts and those who wish to prepare for a leadership role. • SSSC's Step into Leadership materials or another approach
	<p>Appraisal/Supervision Records</p> <ul style="list-style-type: none"> • Supervision/Appraisal • Timetable • Staff Files 	<ul style="list-style-type: none"> • Have you had training in managing Appraisals & Supervisions effectively? • Is this effective in your service and what outcomes can be evidenced? 	<ul style="list-style-type: none"> • Positive and regular support and supervision - especially in outreach services, with sessions within two months of each other - issues followed up from session to session • Supervision that picks up on staff training and the impact this has on service, users and staff themselves • Developmental staff appraisals - setting targets that help staff improve, not just as an exercise to be got through. Discussions to make staff think, consider, and apply learning.

	<p>Staff Surveys</p> <ul style="list-style-type: none"> • Questionnaires • Evaluated feedback given to staff • Action Plan 	<ul style="list-style-type: none"> • Does the service carry out Staff Surveys? • How often do they occur? • Is feedback given to staff? • What outcomes have been achieved? 	<p>Clear involvement of all staff should be evidenced as well as follow up actions documented.</p>
	<p>Staff Opportunities</p> <ul style="list-style-type: none"> • Champions • Keyworker/Link Worker • Lead/Responsible Person on Shift • Specific Roles • Acting Up • Internal Management Appointments 	<ul style="list-style-type: none"> • How do you motivate your staff to become leaders? • What evidence do you have that you have achieved this outcome? • What systems do you have in place to support staff to develop their leadership skills and management of change? • Do you make leadership training accessible to all staff? • What evidence do you have that staff success is recognised and celebrated? • Do you promote staff autonomy and decision making in a supportive environment? • Do all staff have aims and objectives which include and define their leadership roles? 	<ul style="list-style-type: none"> • Opportunities to become "champion" for an area of practice, e.g. involvement activities, dementia care, positive behaviour strategies...whatever would be relevant for the service • The link worker system encouraged support staff to take a lead in developing individual's support arrangements and to communicate with families and other professionals involved. Staff should supported by team leaders and local managers to carry out these responsibilities. • Support staff have opportunities to lead/coordinate a shift/be the responsible person – many small care home services operate this system. • Staff having opportunities to take responsibilities for the day to day running of the service e.g. fire safety checks or other roles that have to be completed i.e. evidence of appropriate delegation • Staff have had "acting up" opportunities and used these to develop their skills with the support of line manager. • This has meant many senior posts have been filled internally as a result of staff having had opportunities to develop skills and experience with the necessary support in place. • Managers/seniors who encourage staff to take the initiative, for example, through key working, planning for /preparing for reviews of support plans etc. – taking on extra responsibility • Effective delegation of tasks to develop staff and give staff ownership - for example, in completing quality assurance audits
	<p>Effective Communication Systems</p> <ul style="list-style-type: none"> • Discussions in team meetings - minutes • Reflective practice • Shared practice • Openness/Challenging each other 	<p>Do your staff demonstrate effective leadership qualities and communication skills which foster effective working relationships between staff and service users?</p>	<p>Regular team meetings with business and development functions and good recording systems being effectively used by all staff members.</p>

	<p>Management</p> <ul style="list-style-type: none"> • Agreed aims, objectives and service plans. • Team WRAPs, Team PATHs Team Building • Management Meetings • Appraisal of Management 	<ul style="list-style-type: none"> • How do you motivate your managers to become leaders? What evidence do you have that you have achieved this outcome? • What training have you been given to promote your leadership or management skills? • Do your managers have aims and objectives which clearly define their leadership responsibilities? 	<ul style="list-style-type: none"> • Management training programme which will support staff's leadership development, both those currently in management posts and those who wish to prepare for a leadership role. • Managers' meetings which will support sharing of aims and objectives and consistency across services. • The service had a clear management structure with local service managers and team leaders in each area of the service, offering staff opportunities to develop leadership skills. • Feedback in staff surveys about the quality/style of leadership & skills – 360 degree feedback on performance. • Inappropriate or poor practice actively addressed - performance improvement plans with member of staff being supported to improve their performance but could lead to formal disciplinary action • Management team provide staff with positive leadership role models with local managers working regularly alongside staff in providing individual's care and support.
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**MANAGING RELATIONSHIPS
LEADERSHIP - motivating and inspiring others.**

ENGAGED	ESTABLISHED	ACCOMPLISHED	EXEMPLARY
<p>» I can see how I demonstrate leadership in my current role and I believe I can develop this further.</p> <p>» I acknowledge the capacity for leadership in colleagues, people supported by the service and those that care for them.</p> <p>» I set challenging goals for myself and have high expectations of the quality of my practice.</p> <p>» I actively share and promote good practice within my own team.</p>	<p>» I reflect on my leadership approach and seek advice and support to improve.</p> <p>» I encourage the people supported by my service and those who care for them to develop their leadership capabilities so that they are able to plan and direct their own care to the fullest extent possible.</p> <p>» I work with others to set challenging goals for my team and service (where appropriate) and have high expectations of success.</p> <p>» I can lead on areas of work while bringing others with me and supporting them to feel valued for their contributions.</p>	<p>» I actively seek feedback from others, including people supported by the service and those who care for them, and use research and evidence to improve my leadership.</p> <p>» I actively support and nurture the leadership of people supported by my service and those who care for them and help them to recognise their own leadership.</p> <p>» I actively encourage and support colleagues to take a leadership role, be innovative and take appropriate decisions.</p> <p>» I am able to motivate and lead others to achieve identified goals and make best use of their individual and collective abilities.</p>	<p>» I successfully adapt my leadership style, skills and abilities to work in partnership with others within and outwith my own service to achieve the best outcomes for individuals, families and communities.</p> <p>» I actively share leadership, learning and ideas with people supported by my service and those who care for them, with colleagues in my service, with partners in other organisations and with wider communities.</p> <p>» I model positive leadership behaviours that inspire enthusiasm and confidence in others.</p> <p>» I recognise, value and champion the contribution of people supported by my service and those who care for them and of colleagues in my own and partner organisations to improving outcomes for individuals, families and communities.</p>
Support Workers/Senior Support Workers	Support Workers/Senior Support Workers	Team Leaders/Deputes/Managers	Team Leaders/Deputes/Managers