

Understanding the opportunities for restorative supervision for nursing in social care

Speakers

Grace Cook, Louise Taylor, Lucy Gillespie, Maria Luengas

Lucy Gillespie 00:01

Lucy, welcome everybody to this skills for care webinar about understanding the opportunities for restorative supervision for nursing in social care. It's part of our recruitment and retention webinar series for Adult Social Care Nursing. My name is Lucy Gillespie. I'm the National Professional lead for nursing at skills for care. Today's webinar will cover the context of restorative supervision, and in particular focus on the current model of restorative supervision that is offered through the foundation of nursing studies, called resilience, basically, and called supervision. And we're going to be hearing from the foundation themselves, but also from people who've been on that programme, from social care settings and an educator about their experience and what what they can share with us. So I'm just going to ask people who are delivering the session with me today to introduce themselves and grace. Would you like to say? Hello?

Grace Cook 00:56

Yeah, thanks. Lucy, hi everyone. My name is Grace. I'm a person centred practice facilitator at the foundation of nursing studies, and I lead on the resilience based clinical supervision programme. Thanks,

Lucy Gillespie 01:09

Grace. Louise,

Louise Taylor 01:15

Hi, I'm Louise and nurse from a nursing home and domiciliary care company in in Leeds,

Lucy Gillespie 01:24

welcome, Louise, thank you for being here. And Maria,

Maria Luengas 01:28

hi, everyone. Welcome. My name is Maria luengas, and I am a nurse educator for the North Central London training hubs and ICB. And I work providing training and support to Adult Social Care in in my area. Brilliant.

Lucy Gillespie 01:43

Thank you all for coming along to this session today. So Grace, I'm going to hand over to you. Hi

Grace Cook 01:48

everyone. As I said, my name is Grace, and I'm going to be sharing a little bit about kind of clinical supervision and restorative clinical supervision in general, and then a little bit more about resilience based clinical supervision, before handing over to Louise and Maria, who are going to share their experience of being involved in RBCs within social care. So I'll start with a very, very brief introduction to us at the foundation of nursing studies, or more commonly known as funds. And so we're a small charity based in the UK, and our ultimate aim is that all people experience person centred care with the idea that you can't have person centred care for your service users, the people using your services if you don't have it for staff as well. So that includes person centred care for staff. And we do this in a variety of ways. So you if you're interested in hearing more about what we do, think these slides are going to be shared. So there's some links to all our social medias and our website, and there's lots of free resources on our website as well for you related to these different programmes. And so I will start with clinical supervision in general. And so this is the official definition from the Department of Health about what clinical supervision is. And so it's a formal process, and it's all around developing people's knowledge, competence and responsibility in clinical situations. There are a number of different definitions of clinical supervision. If you Google it, lots and lots of different things come up, but I've chosen this one because this was in a document from the Department of Health in 1993 so clinical supervision is something that's been around for a long time for nurses, but accessing it has always been a challenge for nurses, and that's gone kind of up and down traditionally. It's always been focused on mental health, or there's been an assumption that it's for mental health nurses, but it's absolutely not as nurses, as anyone that works in care. It's really important that we're able to reflect on what we do, and that's what clinical supervision is. It's a way of reflecting on our practice so that we can continue, continually learn from what we're doing and make changes. And so one of the most common models of clinical supervision, which I saw in the poll. Some of you have seen a little bit about it, so this might look familiar to some people. It might not. And so proctor was a social worker, actually, and spoke about clinical supervision, having these three different functions. So these were the kind of three different reasons why people should, people should get out of clinical supervision. And so there's the, I think if I click this, oh, there

we are. There is the normative function. And this is all around kind of ensuring that, you know, mandatory training is up to date, ensuring that a. Was a quality of care. So this might look within your places of work. This might look a bit more like managerial supervision. So it might be a one to one with your manager, where you are looking at all these different aspects and maintaining equality across your service. There's also the idea that clinical supervision should have a formative element, and this is all about learning. So you might think you might have students, you might have new staff, and it can be the kind of mentorship of learning new skills within the workplace, whether that be kind of a skill that you're delegating, or, you know, a reflection on something that's happened and learning from that. And finally, practice says that every supervision so normative formative, but also other types should have a restorative element. And this is all about support. I don't need to speak to everyone about the challenges that happen when you work in care and the complex situations that you you deal with. So the idea is this a restorative function. Is all about providing an opportunity for support for the people working there. And this can include an opportunity to talk about different emotional aspects of the work. It can be stress management, personal development, talking about burnout, but most importantly, it's also about people feeling listened to and valued. And for some of you may have come across the professional nurse advocate role. Unfortunately, the funding for this is only available for the NHS at the moment, but this talks about some of the evidence base around restorative supervision, which is what the focus of today's webinar is. And so there are lots and lots of benefits for supporting restorative supervision within your organisation, and that's both for the organisation and for individuals within it as well. So what people have found, and this is across different disciplines, this is nursing, nursing associates, it's other registered professionals as well as support workers as well, that when individuals are able to access restorative supervision, they'll often feel supported, less stressed. They feel like they have opportunities to develop increased confidence, feeling less isolated, and it can help to support the development of those clinical skills for the organisation, when you're the individuals working there are experiencing all these things. This has a benefit as well. So it helps with kind of sharing good practice through the organisation, developing nursing practice, communication and teamwork, reduce turnover of staff, so thinking about recruitment, retention and sickness absence as well, and developing good practice and continually learning from what you're doing. So continue, continual improvement in the organisation. And so resilience based clinical supervision, which is what we offer at funds, is a type of restorative supervision. So this was initially developed for Student Nurses of all fields and newly registered nurses of all fields, and for that transition period, for when you stop being a student nurse and start being a registered nurse. But actually, the feelings that we have when we change jobs are often similar to that. You know, when you're in a new role and you get that feeling of, I don't know what I'm doing here. I've got this inner critic in the back of my head telling me I'm not I don't know what I'm doing. But what we found is it's relevant for all people in the workforce, because actually, the support is relevant. We're all experiencing different

stresses, but stress is still the same, so having that support is important. And so this model was developed with with different things in mind, and it was co creative with lots of different people. But this is the process of it. And the idea is it's a model that not only supports individuals to reflect on them, themselves and their own emotions, also to learn from them and take things out that they can use in their own life, whilst also paying attention to what's going on around them in the impact on that. And if I go to the next slide, I'll explain a little bit more about that, because what we found was that when organisations supported this initiative and supported people to not only facilitate resilience based clinical supervision, but also attend that that compassion kind of flew from this active support in the organisation to the facilitator, and it gives the people that attend this sense of belonging, this sense of containment, validation. Really reinforced a culture where staff felt they were valued and they mattered. And interestingly, this This then led on to people that were attending really having this courage to take action and to change things around where they were working and continually look out for things where they could improve, as well as that compassion going towards their colleagues and also the people using their services. And we named resilience based clinical supervision quite specifically because of this, because of the idea that resilience doesn't just happen for one individual, but actually it's about a team resilience. And when we work together, when we have things like this, and when resources and clinical supervision is supported, people really do feel that they are valued. And so our current offer from funds is very thank you to Deborah sturdy for supporting us to get some funding. We have some resilience based clinical supervision programmes, which are open and free to all nurses and nursing associates working within social care. So the idea of these programmes is they are very participatory, so you're in small groups of with other social care nurses and nursing associates. So not only do you connect with each other, network with each other, but you're also learning while you're doing and also getting that restorative function as well. So the whole programme is 13 hours, which is split into five sessions virtually, and they tend to be kind of like a week two weeks apart, and then we have a month gap towards the end of them. So they're not all kind of clumped together in one week. They are a little bit spread out. You also receive a resource pack, if you're interested. They're all virtual, and we have them at every time and day of the week, and so if you're interested in signing up for that, the link is at the end of this thing, and I'm sure I can pop it in the chat as well, so you can look at the application form. I just thought I would share some of the outcomes we've had so far. So we started this programme in January, and we've been doing some evaluation as we go. And what we always want to do is learn as we're going and really support a programme that's going to work for you. So so far, the program's met or exceeded everyone's expectations, and I shall give you a moment to have a read of some of These quotes that people have said about the programme. You and so there's a definite recommendation from three people that have done the programme so far, but now you can hear from one of them. So I think I'm going to pass over to you now. Louise, if you want to share what

Louise Taylor 13:33

you Okay, yeah. Well, certainly I can recommend the programme I first came into contact with funds quite a few years ago about a project about the challenges of working in nursing homes at nights, evenings and weekends. And I think it's still on your website that the report from it, but that was a really positive experience. And I think since then, I was always on your mailing list. So when I saw the invitation for the resilience based clinical supervision that, you know, it just, it was really good timing, because we'd had quite a bad sort coming out of covid and everything. And so it really ticked quite it ticked quite a lot of boxes, really. And although the the programme is definitely about preparing people to facilitate sessions, I must admit, for myself, it was really therapeutic for myself. And I would, you know, sort of recommend it on, on that score as well. But as as, as you said, you know, it's really, it's really difficult time. You know, expectations are very high, resources are very tight. There's quite a lot of kind of quite angry people out there. Certainly some of our referrals have come to us because they've had delayed diagnosis, mainly through covid and various other things. So they. Quite unhappy when they come to so that there's, you know, such a lot to cope with. And I think some of the processes, particularly the positive reframing, has helped us to think about, you know, we can't change weightiness. We can't change that the ambulance takes ages to get here. We can't, we can't make the GP come every day. So it's no point in is sort of focusing our time and energy on that, that we can really sort of, you know, when staff get kind of unhappy about that, or or troubled by it, that we can use the the skills from from the programme to try and bring them back. Well, you know, you can't change that, but there's, you know, what can you change? You know, is it something that we we can, you know, we can do. So I think that that's been a really positive thing, and it's changed the way of communicating with staff that you know, really think about what, what you do well, even though it's very difficult circumstances, much more complex referrals, etc, about you know what you know what you're doing well. And then, and then look at what you can fill, fill in for, for the gaps. And so, yeah, and that other recommendation about about the programme is that, because it's exclusively for social care participants, it's very it's very real and supportive. I was. I've also joined up for Mary Seacole programme, whereas I think I'm the only person from social care, and it's that's quite it's quite isolating, because, you know, a lot of people from trust don't realise that, particularly for standalone, small companies, you don't have all those wraparound services of people that Look at compliance, that look at complaints, all this sort of thing. So I think that the exclusivity of it being social care for focus on social care and participants, it makes it very, very real and very supportive. Yeah, and, and so, yeah, that's my thing, that can definitely recommend the programme. I hope that's okay.

Grace Cook 17:25

Thank you, Louise, um, that's brilliant. And as you say, one of the benefits of inclusivity is, you know, you may not work with many other nurses within your organisation. However, if you come on this programme, you'll be connected with people from organisations across England, but all all working in social care, so all having those potentially similar challenges. Thanks, Louise, and I will pass over to you now, Maria, I think you can do the slides now. I shall stop if

Maria Luengas 18:00

Everyone can see I've changed the slide, right? Okay, just in case the only changes for me and I just keep going, right. Thank you. Thank you, Grace. So as I said before, I work as a nurse educator in north central London, and I deliver face to face an online training in care homes for nurses, nursing associates and and carers. And one of the things that me and my team noticed in in our travels around the care homes were the extreme high pressures that the staff were under and how that was impacting their morale, their physical and their mental well being, and how it was impacting resident care. It was often that we would leave a session where people would have expressed how tired they were, how stressed they were, and this this was, and this is still reflected in the highest after Nova that that we have in north central London. So after having completed the resilience based clinical supervision facilitator programme, and having experienced firsthand the benefits, and also after looking at how it had positively impacted the experiences and the well being of student nurses and newly qualified nurses. We sat down and we decided, right, why can this not work for our staff? Let's try it. So we started about 18 months ago to two years ago, and we've rolled it out to four care settings. So we've been to one residential mental health care home, one extra care living scheme, one nursing home and one learning disabilities supported living we have delivered a total of 12 sessions, and we have had 65 staff that have. Attended the sessions. These are some of the financial benefits that one of our care homes in in Camden reported. So this care home received three resilience based clinical supervision sessions spread out over the course of the year 2023 and what the manager reported is that he had observed a reduction on a staff sickness. So in 2021 and 2022 he had a five to 10% sickness rate, and that had come down to three to 5% in 2023 he had been using agency so five, about 5% of the workforce was agency in the years 2021, and 22 and in the year that we rolled out the resilience based clinical supervision, he didn't have to use any agency. So in terms of money, it translates to the care provider saving about 175 pounds per shift. And finally, they got an improvement on the CQC report. So the previous report, I think it was in 2019 they got a requires improvement, and they're well led on the back of not enough support being available for their for their staff, they acted on this. They brought resilience based clinical supervision to their setting, and then they recently got their their review with CQC, and now they've got a good and they're well led. What this has translated into is that they had five vacants, and now they are a full house. So really positive impact to increase placements. I've gone a bit too far. So some of them you can see here, some of the

quotes from from the staff that attended the session, and what we read from here is that resilience based clinical supervision really helps looking after oneself and also looking after others in your team. It increases compassion. It helps increase the team morale, and it really improves teamwork. It takes people out from their own heads to really see the bigger picture and to see how others feel. And it's really helping them to understand and to better respond to people's responses to situations from our service. Everyone that attended said that the 100% they would recommend this, this supervision to their colleagues. So we again decided to do another, another pilot, looking at how well the staff were responding to these clinical supervisions. And we said, right, how about our care home managers? So we know that care home managers are really they have a key role in creating positive cultures where staff feel inspired and where they feel valued. And we know that if the staff are satisfied at work, that is going to translate into retention and is going to have an impact in the health and well being of the staff and the residents. There's a very interesting research that the skills for care run in 2023 in northwest and East Midlands, and the staff said that one of the top three reasons to stay in their roles was to get on well with the manager. So we know how valuable our home managers are, and yet all I get when I talk to them is how undervalued they feel, how excessive and unrealistic their workloads are, and the complete lack of support that they have from their organisations and from the wider system they express feeling stressed, feeling burnt out, and that is reflecting in the very highest turnover that we have in north central London. So we, what we decided was to run a small pilot project that will be starting in in June. It will consist on five sessions once a month. And what will, what we will be looking at is whether, after attending the sessions, we've managed to reduce the stress and burn out the scores. We want to see if there's an improvement in the compassions to to this, to themselves and to others, and also an improvement in their perceived support. And then we got a little bit more on the. Issues, and we want to see if we can increase by 50% the retention rates in one year amongst the managers participating. So we are hoping we'll have the results by January, and then we will be sharing them with with different with different networks, and that's me. Thank you for listening.

Grace Cook 25:24

Thank you, Maria. It's a really exciting pilot. I'm looking forward to seeing, seeing what the outcomes are going to be. So just to unfortunately, Becky can't be with us today, who was going to share her experience as well. So I'll just go on to this. So Becky also works in social care, and has recently completed the funds programme, and she has been doing kind of monthly RBCs sessions with teams and clinical weekly huddles, weekly checkout sessions. So from what she took from the programme, and she has spoken about, she's found kind of increased team and personal resilience from that, from her experience, wellbeing improved, but also lower sickness data and achieving service targets as well. And this was a nice quote that she shared. So resilience is not what happens to you, but it's about how you react, to respond to and recover what from

what happens to you. Um, because a bit like Louise was saying a lot of the time, we can't control what other people do, but actually we can make a decision about how we are going to respond. And so that, here's some information here, and if you want to scan the QR code that will take you to our website, which tells you how to sign up if you're interested. And I think I will pass back over to you now. Lucy, hopefully been all right for time. Thank you.

Lucy Gillespie 26:58

Grace. Thanks, Maria, thanks. Louise, that was great to hear about what you're doing and how you've experienced that. I think to start with some practical questions from the chat that we can probably answer quite quickly. And then I think also I had a couple of things that I thought it might be useful that we could talk through. So is there an idea of how long this programme will be available for grace for people?

Grace Cook 27:26

Yes. So the funded programme from the Department of Health is a we're planning on running it for the next three years. Started in January, so this year, next year and the year after, there's a question about

Lucy Gillespie 27:39

whether people can attend from all over the country. And so just to make it clear, this is a virtual programme, isn't it? Grace? So people, it doesn't matter where you are. Is it in England that this is funded for? Yeah. So anywhere in England, the nurses and nursing associates. And then there is a question as well about registered managers being able to register for this funding. So Grace, do you want to just

Grace Cook 28:09

Yes? Couldn't unmute myself yet. Yeah, so the funding is currently for only registered nurses and nursing associates, but I suppose we recognise that there might be some nurse managers that might be interested in this, or may have nurses in their team that they may want to support to go through this. So we are planning on doing a drop in session for registered managers who may not be able to access the programme, to do a kind of a little bit of a Q, a and to share a bit more about the process themselves. So if you would like to come to that as a registered manager that's not a registered nurse, then please do email us at the RBCs, dot social care@funds.org, email address, which I'll pop in the chat and we can share the link for that with you.

Lucy Gillespie 28:58

Perfect. Thank you. So then I thought it might also be interesting. And I think that point about register managers will also pick up at skills for care and touch base with you, Maria, and make sure that that's something that's going to be available to people. I think it's important to pick up on something that you said, Louise, about one of the things we

know about nursing and social care is that it's very autonomous. It can be quite isolated. And one of the things I heard in what you were saying was that this was a real opportunity to connect with a network that was in social care, and very much part now with your kind of wider, wider connections. Is there anything from that that you'd like to share with people? Has that been a positive experience for you,

Louise Taylor 29:49

definitely, but particularly, you know, we're well, the social care for nursing homes, quite fragmented system, really, from you know, the. Very large organisations, which I dare say, have more support roles, maybe in place to many stand alone, and I think definitely since covid, so many, well, I know in my area, so many managers who've been around for quite a while, and we had networks, they've kind of faded away, that they just couldn't cope, cope with the job anymore, to be honest. And so I think it is even more isolated at the moment, and and, and on top of that, I think it's more difficult at the moment. You know, expectations, complexity of of referrals, stepping issues, etc. So it was great. And when we did have, you know, it was quite humorous at times, really, because we found from right over the country, everybody dreads paramedic knocking at the door. You know, that was a real common theme, that that really is so stressful for care homes, really. So yeah, it's good to know that other people have the same, same issues.

Lucy Gillespie 31:10

Brilliant. Thank you. And another one really for you, Louise as well. Sorry to put you on the spot. Is, whilst we know this funding in terms of the funded opportunities for nursing and nursing associates, there's an opportunity here to create a ripple effect. Isn't there? Because this is about something that you I mean, I know my own experience of having done this programme some time ago and implemented it in the past, there is an opportunity for one to find that growth in yourself, but then also to be able to support others to join and use those processes. And I know I touch on elements of RBCs throughout my working and personal life. Actually, do you think that you could explain a bit more about that ripple effect?

Louise Taylor 31:59

Yeah, definitely around the skills that you learn about trying to focus people, even just for a general meeting, like a little bit of a video at the first bit, like the nature of flowers or something, just so people can focus, because you, you know, your heads can be 10 things that you need to do and that a few things, some little exercises, like golden moments and things just to start meetings off that people feel a little bit more well actually, you know, when we're not so terrible as as people might think. You know, because there's always sort of negative media and things. So there's, there's lots of little things that you can even, even just passing someone in the corridor that is finding maybe a particular resident a little bit stressful to deal with, you know, you can use the

positive reframing about, you know, just trying to think, you know, well, what can you do? You know, don't, don't beat yourself up about what you can't do, but this is what you can do, and that's what you can do really well. So definitely, you can apply it in all sorts of areas, actually.

Lucy Gillespie 33:15

Thank you, Louise and Maria, from your perspective on that, can I bring you back into the conversation? Yeah, absolutely. So the ripple effect that you see from from running these programmes in terms of the wider staff in social care, so social care, nursing makes up a very small part, small but mighty part of our workforce. What's the opportunity from nurses and nursing associates going on these programmes for that wider workforce. Would you say,

Maria Luengas 33:47

I mean, you mean by them becoming facilitators and then being able to support the staff? I mean, I think it's just really good for them to be able to support their teams from a different point of view, from a point of view that is not just looking at performance, but is that is looking at themselves, at all the colleagues, and themselves as people. And I, for me, I think that's the big shift from clinical supervision that I had in the past, very focused on, what your objectives would you have achieved? What what is your five year plan to all of a sudden, something that asked you, how are you feeling today? What happened in these situations? What emotions did you bring when you were dealing with this challenging moment? So having nurses and nursing associates that are able to bring that approach to themselves and to their colleagues is just going to bring more motivation, a higher morale, and I think people will be more willing to come to work and to come to work. Yeah. Feeling feeling different differently and approaching things differently.

Lucy Gillespie 35:05

Brilliant. Thank you. Maria grace, and your experience of this programme over quite some time now, you've delivered it actually much wider than nursing. So maybe if you could pick up on that point and also a question as well about the kind of levels of seniority, so it's relevant across how much of that nursing career span.

Grace Cook 35:29

And yeah, as Lucy says, I've been involved with RBCs for a long time, and I was motivated to get involved with the programme when I first registered as a nurse because because of experiences that I'd had as a student, having clinical supervision, and then I went out into practice, and it wasn't so much available. So clinical supervision is something I've always sought out, and I would say is absolutely key to everything I've done throughout my career, but across so I've been with funds, and we've been facilitating RBCs Since 2020 and although it was originally developed for nurses,

actually we've had all sorts of people coming on our programmes. And one of the things I really enjoy is when we do have an MR MDT programme, because actually there's lots of learning that we can have from each other, and that's similar to people in different roles at different senior seniority. I think the key whenever that is the case, is that we help to develop a safe space where people are able to share their opinions, no matter who's in the room, but actually, clinical supervision is relevant to anyone that experiences the care environment. I remember we've done, been doing some work with hospice UK, so we've definitely done some work across hospices. And we spoke about, you know, volunteers at the shops, the people that answer the phones. And it's similar across all organisations, there are often people that are exposed to the stressors in different ways, but it's not necessarily so obvious the impact, but the impact is still there. And actually, when we stop and we all share how we're feeling about something, we often realise that we're all feeling the same from different angles, but we have similar feelings about what's happened, and that helps us to work better together as a team.

Lucy Gillespie 37:27

So to reinforce that, then we're saying that the supervision is appropriate across different levels of leadership in nursing, and what you will be able to do with this is will depend on what your role is, but there will be elements that will benefit at whatever stage of your career that you are in, I think, what we're getting at. So hopefully that clarifies the question for people, perfect, brilliant. Thank you very much everyone for contributing to the webinar today.