**Leadership Development Programme for**

**Care Home Managers**

**Evaluation Report**

**July 2014**



**I N D E X**

|  |  |  |
| --- | --- | --- |
| 1. | Introduction/Context | 3 |
| 2. | Programme content | 5 |
| 3. | Methodologies used | 5 |
| 4. | Findings | 6 |
| 5. | Recommendations | 10 |
| 6. | Conclusions | 11 |
|  | Appendices | 13 |

1. **Introduction/Context**

The core role of the CCG is to commission high-quality services from providers, including beds within local Care Home. Those Care Homes needed to meet high standards of quality and governance. The reality was that some of those Care Homes were falling below CQC standards, and as a result were unable to provide the required beds.

The need for this programme was identified by Carol Alstrom, Associate Director of Quality at Southampton City (CCG). Carol believed that, with strong leadership, the quality of the Care Homes would improve and thus bed availability.

Carol approached Maggie Woods, Lead Consultant, Leadership Development, Thames Valley and Wessex Leadership Academy, to commission a leadership programme. Maggie in turn approached training provider, Caroline Bell, Director of CSB Learning, to design and deliver that programme.

This programme has been developed in a national context of concern around the quality of care of the elderly, frail and potentially vulnerable adults. It is essential that leadership within Care Homes is sufficiently robust to create the right conditions for the consistent delivery of high quality care.

However, it is important to recognize that there are some significant challenges of providing care in this sector. Care Home Managers can struggle with balancing the tensions of delivering high-quality care within the constraints of a privately run profit-focused business. In addition, this can be a very isolated role, especially without the support and infrastructure available within the larger setting of the NHS.

The programme needed to deliver some core learning outcomes. These were identified in conjunction with the CCG, the Leadership Academy and Care Home Managers.

The following list gives an indication of the common themes identified by local Care Home Managers:-

* Getting staff to take responsibility for their actions or inactions
* Motivating staff
* Leadership styles
* Effective delegation
* Empowering staff to take decisions and responsibility
* Giving feedback
* Prioritising
* Managing people and performance

The group were also very keen to emphasize that they wanted a very practical programme that would address the challenges they faced in the every-day workplace.

The Learning outcomes identified by the CCG/Leadership Academy were that the Care Home Managers will:-

* Understand the current health and social care system and client/patient pathways
* Have a clear idea of what effective leadership of a nursing home looks like and what behaviours that involves
* Understand their own leadership style and development needs
* Understand the key drivers behind quality and safety of patients/clients
* Completed a quality improvement/leadership project

They would also develop skills and knowledge in:-

* Leading and motivating a team, including holding people to account, supervising and supporting staff
* Giving and receiving effective feedback
* Negotiating and influencing skills
* Communication, including how to communicate effectively with staff, clients and key stakeholders
* Ensuring effective governance
* Managing change effectively

**Objectives of some of the delegates attending the programme**

*‘To feel confident in leading the whole team and moving them to a place where the home can deliver person centred care.’*

*“To refresh my knowledge on the theory of leadership and to learn from other managers who face the same day to day issues as myself.”*

*“To improve my skills with dealing with poor or failing performance when managing at a higher level, ie dealing with poor performance as a 2nd line manager (never managed mangers before and find this challenging)”*

*“To become a more confident leader and learn new management techniques.*

*“Main objective was to meet other managers and share experiences”*

**Evaluation methods**

The programme would be evaluated using the following methods:-

* Evaluation Sheets after each session
* Before and After Skills Audits
* Survey Monkey questionnaire carried out post-programme in confidence
* Feedback via Area Manager where available
* Anecdotal feedback gathered throughout the programme

**Please Note** – not all of the evaluation processes were completed by 100% of the delegates so this report is based on a combination of the responses received.

All feedback quoted was from delegates via the evaluation process unless stated otherwise.

**2. Programme content**

The programme was run 1 day per month over a period of just under five months and was held in one of the Care Homes run by a delegate.

The programme was developed as outlined in Appendix 1, based on the objectives identified above. The plan for delivering the sessions was to ensure it was based on the principals of Action Learning, ie they had experiences, they reviewed progress and from that, they drew learning. In this way, delegates were able to use the breadth of experience and skills to develop and support each other as well as add to their body of knowledge through taught sessions, group coaching etc. They would also be encouraged to support and appropriately challenge each other.

Delegates were also given Learning Journals and encouraged to record their progress.

In addition to attending the monthly sessions, the group were asked to complete a project, inspired by the NHS Change Day initiative.

*For the duration of this Leadership Development Programme, you are asked to carry out a project which they would present on Day 5. This project is about* ***Making a Change*** *in your workplace that will result in:-*

***An improvement to the quality of care for the residents***

***within your Home***

To further develop their self-awareness, delegates also completed Myers Briggs Type Indicator (MBTI) questionnaires, which were fed back during Session 2.

**3. Methodologies used**

* Directed conversations
* Discussions
* Action Learning Sets
* Exploring their real-life issues
* Activities
* Case studies
* Games
* Group work
* Questionnaires
* NLP
* Group coaching
* On-going group coaching sets
* Individual workplace projects
* MBTI

**4. Findings**

Evaluations were gathered through a combination of qualitative and quantitative feedback.

**Quantitative Data**

The quantitative data gathered from the evaluations of each session was split into two key questions for each objective – a) Were the Objectives Met? b) How Relevant were the Objectives? In both categories, across all sessions, these questions scored between 87% and 95% (Appendix 2).

The quantitative data gathered through the confidential questionnaire Survey Monkey identified that 100% of respondents evaluated the facilitator as excellent and 100% said they would recommend the programme to other Care Home Managers. Two questions were quantitative and eight questions were qualitative.

The following gives a flavour of the qualitative evaluations and combines all data gathering methods outlined at the end of Part 1 of this report.

**Qualitative Data**

The following has been drawn from an analysis of all the qualitative data and themes emerged. These themes are outlined below.

Group Cohesion

When first bringing everyone together, it was very important that they formed a cohesive group as soon as possible because it was essential that they felt able to be open and honest, as well as trust each other enough to be able to offer challenge and support. Concerns had previously been expressed that there may be some commercial sensitivity around bringing together managers from Care Homes in the same geographical area, that were in essence in competition with each other.

Quite a lot of time was also spent talking to them 1-1 to persuade them to attend the programme and there seemed to be low expectations of it.

*“This course is much better than I was expecting”.*

*“The Managers were very reluctant to participate in the course initially – many had had previous leadership training and didn’t feel it necessary to attend.” (Area Manager, BUPA)*

On Day 1, Ground Rules were set and the above issues were openly and honestly explored. Although some of them already knew each other because they worked within the same Care Home Group, they very quickly started to bond with each other and share the challenges and experiences of their roles.

As to be expected, there was a mix of more vocal members and quieter, more reflective ones. There was also quite a contrast between the level of knowledge, skills and background experience within the group. Some were relatively new into the role, others had turned around failing homes and had many years of experience. However, they all had strong opinions that they were happy to share, and all were passionate about delivering high-quality care.

Feedback from Day 1

*“I feel confident sharing ideas and concerns”*

*“I already feel my confidence has grown/I am feeling ore confident after just one session”*

*“I have benefited already from the knowledge that I am not alone in my concerns and worries’*

*“The networking with other managers has been particularly helpful - knowing that we all struggle with the same issues.”*

Although the key topics of the programme were covered (Appendix 1), the amount of emphasis on each subject flexed to meet the needs, knowledge and skills of the delegates. The group had lots of robust discussions around the challenges of applying a theory into the workplace as illustrated by the quote below!

*“Our facilitator was very responsive to the groups needs, and sometimes just gave time for us to 'vent' in a safe environment.”*

*“My main objective was to meet other managers and share experiences, this was the best part of the course. I really loved the action learning sets.”*

“I have benefitted from sharing experiences, dealing with issues, and feel more confident with current planning and action planning.”

**Leadership Styles**

As identified in the introduction, the aim of running this programme was to develop Care Home Managers who could provide robust leadership in order to deliver high quality care and governance.

When we started the programme, some of the delegates appeared to be using a very autocratic leadership style, often making derogatory comments about their staff. Their approach was very much about telling them what to do and how to do it. This tactic led to staff who were either unable to make a decision for themselves and had become disempowered or who were ‘pushing back’, which in turn led to conflict in the workplace.

Research has shown that teams perform best when their leaders value and support their staff. We explored the need for a balanced approach, using honesty, openness and consistency as core elements of managing their staff. We looked at the benefits of empowering and involving staff, supporting and developing them but that this ran hand-in-hand with the need for setting clear objectives, holding staff to account and where appropriate, having courageous and honest conversations

*“I’ve learned to think about my leadership style and adapt it to the situation. This has led to a more motivated team who are willing to find problems and become part of the decision-making process. This has positive impacts on the care of residents.”*

*“The session about appraisals and supervision was the most helpful to me. It has taught me to listen and be more understanding about staff members needs.”*

*“I am more confident to trust and allow staff members to solve their own problems. I am less autocratic.”*

Other delegates who had a more democratic leadership style, found that that was not necessarily working for them in all situations.

*“It made me realize I am too soft and was supporting the wrong people. I was focusing my time on the people who were never going to change instead of using the disciplinary procedure to move them on to other pastures.”*

*“I asked them what they had learned over the past few months. Their responses included that they had learned to reflect, set clear boundaries, and have courageous conversations……. I am so grateful to you Caroline, for what you have done for our managers, this programme has made such a difference.” (Area Manager, BUPA)*

One delegate outlined to the group, how she had adapted her leadership style, when she presented her Change Project on Day 5. She stated that instead of telling staff that she wanted to completely change the way they were planning their days in order to become more patient-focused, she stated her concerns and asked for their ideas. This resulted in a highly motivated team who (she admitted candidly) came up with far better solutions than her own ideas. She explained also that she would not have done it this way before coming on the programme.

Although many of the delegates were very positive about changes to their leadership style, there were times where, perhaps inevitably, some of the problems they faced in their Homes meant they struggled to fully engage. One delegate in particular was dealing with a number of challenges including tensions between her and the owner of her Home and although she received lots of support and encouragement from this group, has decided to move on to a new role.

**Governance and Quality**

A major concern for the CCG was to address the issue of governance and quality within the Care Homes. A session was run on Day 4 which looked at the new structure of the NHS and how Care Homes fitted into that (Maggie Woods); an opportunity to meet Carol Alstrom from the CCG and share their views; and Maggie Bennett, Care Home Manager and expert in governance and quality.

Everyone enjoyed this day and in particular, valued hearing from Maggie Bennett, who as an owner of several Care Homes came with considerable credibility. For future sessions, there may well be advantage in extending Maggie’s session, or if this is not an option, providing the afternoon session to discuss the practicalities of making changes within delegates’ Homes to incorporate many of Maggie’s excellent practical suggestions.

*“I was inspired by the session with Maggie Bennett on Day 4”*

*“This session helped me to see my knowledge is vast”*

*“I will be looking at Governance within the home.”*

In order to improve quality and governance, managers needed to challenge poor standards and performance, and facilitate staff to take personal ownership too and not see governance and quality as ‘someone else’s problem’.

*“This course has encouraged me to empower staff to deliver quality care – they are given the opportunity to do more, have ideas, and to implement them.”*

*“I have challenged the CCG when I wouldn’t accept the standard rate for a resident who had complex needs and that rate wouldn’t have met his needs”.*

**Self-awareness**

When completing any leadership development programme, it would be hoped/expected that delegates increased their self-awareness. The following feedback indicates that almost all delegates identified different aspects of themselves of which they had previously been unaware.

*“Your open friendly and positively challenging sessions have enabled me to be honest with myself and think in a more creative way about how to address issues within my Home”.*

*“This course has changed me completely. I always thought I was a good listener. I have become aware of how much I talked and now try much harder to listen.”*

*“The programme helped me to gain a better understanding of who I am and that I can be me and not try to be the person others think I should be.”*

*“Helped me to understand why I react in certain ways and to understand why others do not always respond in the same way as myself (MBTI) …….. life changing!!!!”*

Feedback via her Area Manager identified that one Care Home Manager had had a tendency to leave things to her staff a little too much. However, since attending the programme:-

*“She (the CH Manager) stated that she was now aware that she had overall responsibility to lead the team rather than leave them to get on with it. She had identified that she needed to set clear boundaries, be firm but fair and approachable. I am delighted to say that she is now doing this.”*

*(Area Manager, BUPA)*

**Improved care for residents**

Effective leadership has long been acknowledged as impacting on the delivery of high-quality care, through the creation of an organizational culture in which patients’ needs come first.

Although I have no doubt that the managers on this programme were dedicated to ensuring the delivery of high quality care, it appeared that their staff were not always as motivated. Hopefully, the following quotes indicate a move in the right direction.

*“Staff morale has increased, job satisfaction has increased, resident care has increased.”*

*“Staff have improved their knowledge of individuals, which has helped them to deliver more person-centred care. They are developing a more holistic view of residents rather than being focused on what tasks need to be completed each day.”*

*“Identified poor performance of manger and have commenced PIP which will hopefully lead to an improved management of her department and thus the knock on benefit to the residents.”*

*“It has enhanced the care of residents by allowing me to make changes to day to day routines of care by communicating more effectively with staff and arriving at a multi team decision on how best to provide care to residents which is more person centered.”*

**5. Recommendations**

The following recommendations offer some initial thoughts on improvements that could be made for future cohorts.

Delegates’ suggestions

* *“I found the change project difficult, so maybe change this from being a project to doing the presentation at the end of the programme on a key change that has occurred as a direct result of the programme. It will put less pressure on managers.”*
* *“Possibly have Maggie Bennett involved more as she had such a wealth of information on the regulatory side of the business.”*
* Continue Action Learning Sets beyond the life of the programme
* Encourage delegates to take up the offer of 1-1 coaching to run alongside the programme
* Get a greater level of commitment from delegates at the start of the programme to attend all sessions – and respond to emails!
* Build into the programme, the opportunity to explore some industry-specific case studies.
* Use a training-appropriate venue

**Conclusion**

The evaluations above give a strong indication that the overall objectives of this programme have been met. Delegates have identified that they have further developed their leadership style and this has resulted in a more motivated, empowered and resident-focused workforce, which, in turn has led to a greater emphasis on delivering higher quality care.

The ultimate test for the CCG is to measure whether this programme has impacted on bed availability within Care Homes.

Birkenholz (1999) speculates that adult learning takes place because the individual is motivated to learn. Then, the individual self-selects his or her learning experience because of this motivation. In other words, you may want a delegate to learn X but they will be motivated to learn Y.

The challenge this programme presented was to unite the objectives of the CCG with the motivations to learn of the delegates. The CCG were keen to focus on governance and quality. The delegates wanted to learn how to be more effective leaders. Hopefully the evaluation above indicates that the objectives of the CCG will be met **through** meeting the objectives of the delegates.

An, arguably unexpected outcome, is that in delivering this programme, the CCG have created an opportunity for stronger links with its providers that cannot fail to improve the overall quality of care provision within Southampton City.

**Appendix 1**

|  |  |
| --- | --- |
| Day 1 | **Leadership*** Ground rules
* Leadership – v – Management
* Different leadership styles and how they impact on outcomes
* Listening and questioning skills
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| Day 2 | **Communicating with Influence*** Understanding what it takes to communicate effectively as a leader
* Communicating to inspire and influence others
* Assertive communication
* Taking the mystery out of other people – and yourself! (MBTI)
* Managing your emails
 |
| Day 3 | **Managing the Performance of others*** How to manage performance
* Delegation
* How to motivate through feedback
 |
| Day 4 | **Quality and Care*** Exploring the role of Governance in delivering high-quality care
* Setting the delivery of care into the wider context
* Supporting staff through change
 |
| Day 5 | **Leadership in Action*** Developing your Team
* How to make confident decisions
* Your presentations – “Making a Change”
 |

**Appendix 2**

