

## Direct Observation

Worker	
Name and role of observer	
Date and setting of observation	

### Planning for Direct observation

- The observed worker and the observer should plan the direct observation during supervision and agree what they want to achieve from the direct observation. This is a chance for the observed worker to identify to the observer any specific professional capabilities (Social workers, OTs) or quality audit standards (Social Workers, OTs and CCOs) they would like feedback on regarding any areas for development and learning.
- The observed worker should complete and share section 1, boxes 1 and 2 with the observer as part of the preparation. Consider linking the outcomes you want to achieve with areas for development identified in supervisions, appraisals or past direct observations.
- The service user/carer should be asked if they are willing for the intervention to be observed. Clear introductions to the service user as to the roles of the LCC workers and the rationale behind direct observation of practice should be given. Take a positive approach with service users/carers, 'This is to help me learn how to support you better.'

### Section 1

Worker to complete boxes 1 and 2 before observation

#### 1. Brief background to intervention being observed

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#### 2. Which elements of your relevant professional standards framework and which Adult Care Quality Practice Standards will you look to demonstrate?

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Worker to complete boxes 3, 4 and 5 after the observation

### 3. Brief description of the intervention as it happened

- What happened and what was achieved?
- Describe your role and the actions of others during the intervention

### 4. Reflection on the observed intervention

- Describe what went well and how do you know it went well. What could be improved?
- What actions do you need to do next to progress the intervention?
- How did you feel about being observed?
- What key points have you learnt from your observation?
- Where there any surprises for you as a worker during the observation and if so how was they managed.

#### **Critical reflection and professional development points to consider:**

- Have you identified any areas for further development taking into consideration the Professional Capabilities Framework, level descriptor for your role and LCC Quality Audit statements.
- Analysis of what went well and what could be improved, why do you think this happened? What theories research or prior knowledge did you use to help you understand this?
- How will you address the identified areas of learning and development and what support will you need to do so?

### 5. Reflection on feedback of observation

- The response to the feedback from your observer and planned actions as a result
- The response to the feedback from your service user and planned actions as a result

Workers signature	
Date	

## Section 2

Observer to complete after direct observation

### 6. Holistic feedback of the workers capability demonstrated in the direct observation of practice

Commenting on communication skills, meeting objectives of intervention, how did they respond to any unanticipated events, if they occurred?

### 7. Which elements of your relevant professional standards framework and which Adult Care Quality Practice Standards were fulfilled?

- These are documented in Appendix A, B and C
- Do they match the previously agreed PCF and Quality Audit Standards

### 8. Action Plan following the direct observation (if applicable)

If an action plan is put into place this is to be fully discussed at time of implementation and monitored within supervision.

### 9. Service user feedback, if applicable. This can be given on a separate sheet and posted back to the observer should the service user prefer.

Questions to consider:

- Was the role of the worker explained clearly to the service user?
- Did the worker understand the service users situation, if not what could they have done to understand better?
- What do you feel the worker did well? Can they give an example?
- What could the worker have done better?

- If you could give any advice on how the social care intervention could be improved what would it be?

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<b>Observer's Signature</b>	
<b>Date</b>	

### Service user feedback

#### Direct Observation of Practice: Service user feedback

Was the role of the worker explained clearly to the service user?

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Did the worker understand the service users situation, if not what could they have done to understand better?

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What do you feel the worker did well? Can they give an example?

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What could the worker have done better?

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If you could give any advice on how the social care intervention could be improved what would it be?

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Please complete at time of observation

or

Please post this back in the pre-paid envelope provided

Thank you for your comments

## **Appendix A: Professional Capabilities Framework for Social Workers**

### **Domain 1 Professionalism**

Social workers are members of an internationally recognised profession, a title protected in UK law. Social workers demonstrate professional commitment by taking responsibility for their conduct, practice and learning, with support through supervision. As representatives of the social work profession they safeguard its reputation and are accountable to the professional regulator.

### **Domain 2 Values and ethics: apply social work ethical principles and values to guide professional practice**

Social workers have an obligation to conduct themselves ethically and to engage in ethical decision-making, including through partnership with people who use their services. Social workers are knowledgeable about the value base of their profession, its ethical standards and relevant law.

### **Domain 3 Diversity: recognise diversity and apply anti-discriminatory and anti-oppressive principles in practice**

Social workers understand that diversity characterises and shapes human experience and is critical to the formation of identity. Diversity is multidimensional and includes race, disability, class, economic status, age, sexuality, gender and transgender, faith and belief. Social workers appreciate that, as a consequence of difference, a person's life experience may include oppression, marginalisation and alienation as well as privilege, power and acclaim, and are able to challenge appropriately.

### **Domain 4 Rights, justice and economic wellbeing: advance human rights and promote social justice and economic well-being**

Social workers recognise the fundamental principles of human rights and equality, and that these are protected in national and international law, conventions and policies. They ensure these principles underpin their practice. Social workers understand the importance of using and contributing to case law and applying these rights in their own practice. They understand the effects of oppression, discrimination and poverty.

**Domain 5 Knowledge: apply knowledge of social sciences, law and social work practice theory**

Social workers understand psychological, social, cultural, spiritual and physical influences on people; human development throughout the life span and the legal framework for practice. They apply this knowledge in their work with individuals, families and communities. They know and use theories and methods of social work practice.

**Domain 6 Critical reflection and analysis: apply critical reflection and analysis to inform and provide a rationale for professional decision-making**

Social workers are knowledgeable about and apply the principles of critical thinking and reasoned discernment. They identify, distinguish, evaluate and integrate multiple sources of knowledge and evidence. These include practice evidence, their own practice experience, service user and carer experience together with research-based, organisational, policy and legal knowledge. They use critical thinking augmented by creativity and curiosity.

**Domain 7 Intervention and skills: use judgement and authority to intervene with individuals, families and communities to promote independence, provide support and prevent harm, neglect and abuse**

Social workers engage with individuals, families, groups and communities, working alongside people to assess and intervene. They enable effective relationships and are effective communicators, using appropriate skills. Using their professional judgement, they employ a range of interventions: promoting independence, providing support and protection, taking preventative action and ensuring safety whilst balancing rights and risks. They understand and take account of differentials in power, and are able to use authority appropriately. They evaluate their own practice and the outcomes for those they work with.

**Domain 8 Contexts and organisations: engage with, inform, and adapt to changing contexts that shape practice. Operate effectively within own organisational frameworks and contribute to the development of services and organisations. Operate effectively within multi-agency and inter-professional partnerships and settings**

Social workers are informed about and pro-actively responsive to the challenges and opportunities that come with changing social contexts and constructs. They fulfil this responsibility in accordance with their professional values and ethics, both as individual professionals and as members of the organisation in which they work. They collaborate, inform and are informed by their work with others, inter-professionally and with communities.

**Domain 9 Professional leadership: take responsibility for the professional learning and development of others through supervision, mentoring, assessing, research, teaching, leadership and management**

The social work profession evolves through the contribution of its members in activities such as practice research, supervision, assessment of practice, teaching and management. An individual's contribution will gain influence when undertaken as part of a learning, practice-focused organisation. Learning may be facilitated with a wide range of people including social work colleagues, service users and carers, volunteers, foster carers and other professionals.

## **Appendix B: Professional Standards for Occupational Therapy Practice**

### **Standard 1: Accountability**

An Occupational Therapist understands that they have an obligation to abide by legislation (statutes, common law and regulations) that is relevant to their location and area of work. They demonstrate professional commitment by conducting their practice within the professional and ethical boundaries of their profession, taking into account any national regulatory requirements that are applicable to their location and area of work. They strive to work within the terms and conditions of their contractual arrangements and within the remit of their job or service description. They are able to recognise and abide by national and local practice standards, guidelines and protocols that are applicable to their location and area of work.

### **Standard 2: Working in your service users' best interests**

An Occupational Therapist recognises and values the human rights of the service users and always acts in their best interests. They treat the service users with respect and dignity at all times. Occupational Therapists practice in a non-discriminatory manner, treating all service users with equality and fairness. They work in partnership with service users and their carer(s), ensuring they are put at the centre of their practice. Occupational Therapists recognise and uphold service users' rights to make choices over the care that they receive and the plans that they wish to make. They ensure the safety of service users at all times.

### **Standard 3: Consent**

Occupational Therapist, recognise the need for service users (or people acting on their behalf) to be provided with sufficient information, in an appropriate manner, to understand the nature and purpose of the proposed intervention(s), including any possible risks involved. Consent to occupational therapy must be obtained from service users (or people acting on their behalf) in accordance with legislation and guidance. The gaining of consent, whether verbal or written (signed), should be recorded. Where the service users' capacity to give informed consent is restricted or absent, the practitioner will seek to act in their best interests. All decisions and actions taken must be documented.



#### **Standard 4: The practice and process of occupational therapy**

Occupational Therapists recognise and understand the need for clearly documented procedures for the management of referrals to the service, which may form part of a referral to a multidisciplinary team or overall organisation. Through interview, observation and/or specific assessment, an Occupational Therapist identifies and evaluates the service users' occupational performance and occupational needs, in the context of their physical, social, psychological, cultural, religious and environmental circumstances. An Occupational Therapist has the knowledge to develop appropriate intervention plans, or recommendations, that meet the occupational performance needs of the service users, as identified by assessment/s. Occupational Therapists provide interventions that are appropriate to service users as individuals, based upon their identified occupational needs. Occupational Therapists have the skill to evaluate the impact of, or the service users' responses to, the intervention that they have provided. Occupational Therapists base their practice upon evidence, using research and its outcomes where appropriate.

#### **Standard 5: Capability, competence, and lifelong learning**

Occupational Therapists know and understand the key concepts of occupational therapy and how they translate into practice. They have adequate knowledge and skills to practice capably in their chosen role, in a safe and reliable way. Occupational Therapists evaluate their practice and ensure that they achieve and maintain adequate competence in terms of knowledge, skills and behaviours in order to meet the standards of proficiency for ongoing registration with the Health Professions Council (HPC). As skilled and expert practitioners, they ensure that their learning may be facilitated with their colleagues. As skilled practitioners they ensure that those to whom tasks or actions are delegated – such as students, support workers and volunteers – are competent to carry them out.

#### **Standard 6: Record keeping**

Your service, or organisation, has clear record keeping procedures that are monitored and reviewed, in line with current legislation. As professionals Occupational Therapists recognise and understand the need for care records to be always kept securely and disposed of according to legal requirements and local policy. They acknowledge that they must comply with any legal requirements and local policies in relation to confidentiality and service user access that are relevant to their work. They understand they have a duty to ensure that care records are fit for purpose.

### **Standard 7: Collaborative working**

Occupational Therapists recognise and value working collaboratively with colleagues to maximise the outcomes of intervention. They are able to contribute effectively to work undertaken as part of a unidisciplinary or multidisciplinary team. They are able to work effectively with those who provide services in and across different sectors.

### **Standard 8: Effective communication**

An Occupational Therapist is aware of and uses a range of verbal, non-verbal, written and electronic means of communication. They are able to explain their role and actions as an occupational therapist. Communication style and manner is always professional while in their work. Occupational therapists always consider the effect of their communication upon others. They are able to contribute effectively to work undertaken as part of a team. They communicate effectively to others outside their organisation when required, in line with legislation and local policy. Occupational Therapists strive to communicate effectively within their line management structure.

### **Standard 9: Management**

Occupational Therapists recognise the need to manage their own workload to make effective use of their time and skills and of the resources available to them. They are aware of the need to take reasonable care of their own health and safety and that of others who may be affected by what they do, or do not do. They understand that they must establish and maintain a safe practice environment. Occupational Therapists ensure that they provide a service of consistent quality, effectiveness and safety, in line with local, professional and national standards. They abide by legislation and guidance concerning moving and handling, while enabling the service users to gain optimal occupational performance and autonomy in their lives. Occupational Therapists understand the need to fulfil national and local requirements in terms of recruitment and employment practices.

## Appendix C: Quality Standards

<b>Standard 1</b>	<b>Engaging with our customers</b> There is evidence of the client being seen alone by the assessor and engaged with as fully as possible in the assessment and support planning process.
<b>Standard 2</b>	<b>Assessing needs</b> Assessments clearly identify the person's needs and indicate which needs are eligible for support.
<b>Standard 3</b>	<b>Assessing and managing risks</b> The assessment and planning activity and case recording adequately reflects all areas of risk including specialist risk assessments and plans where they are required.
<b>Standard 4</b>	<b>Safeguarding adults at risk</b> Safeguarding concerns should be managed in line with Lincolnshire's multi agency safeguarding policy and procedures and cases managed effectively to support people to remain as safe as possible.
<b>Standard 5</b>	<b>Safeguarding children</b> The assessment has identified where children are present in the same household or in regular contact with the subject and any child welfare issues are identified.
<b>Standard 6</b>	<b>Mental capacity</b> It is clearly demonstrated that the legal requirements of the Mental Capacity Act 2005 (MCA) have been adhered to.
<b>Standard 7</b>	<b>Valuing diversity</b> Issues of diversity, ethnicity and equality are addressed throughout the assessment and plan

<b>Standard 8</b>	<p><b>Continuing Healthcare</b></p> <p>It is clearly demonstrated that the process for considering a person's eligibility for NHS continuing healthcare has been followed in compliance with the National Framework and local processes.</p>
<b>Standard 9</b>	<p><b>Person centred support planning</b></p> <p>The person or their representative will express their outcomes and be given the opportunity to write / contribute to their personal plan.</p>
<b>Standard 10</b>	<p><b>Personalisation</b></p> <p>People will be supported and encouraged to benefit fully from personalisation and self-directed support.</p>
<b>Standard 11</b>	<p><b>Monitoring support arrangements</b></p> <p>Support arrangements will be monitored and checked to ensure they are meeting outcomes.</p>
<b>Standard 12</b>	<p><b>Reassessing</b></p> <p>Re-assessments will be a meaningful review of the person's needs and outcomes, the effectiveness of their support and any changes or actions will be reflected in the personal plan.</p>
<b>Standard 13</b>	<p><b>Closing cases</b></p> <p>The decision to close cases or episodes of active involvement is clear and there is a relevant case note recorded with a closure summary.</p>
<b>Standard 14</b>	<p><b>The quality of our recording</b></p> <p>The quality of the case recording conforms to the Adult Care Recording guidance.</p>
<b>Standard 15</b>	<p><b>Carers</b></p> <p>Informal carers will be identified and Carers Assessments will be undertaken where it appears carers have need for support.</p>

