

Positive Behavioural Support

Practice Leader Competencies

Community of Practice and LDAG Subgroup
Transforming Care in Wales for People with Learning Disabilities and Challenging Behaviour
March 2018

Gweinidog lechyd y Cyhoedd a Gwasanaethau Cymdeithasol Minister for Social Services and Public Health Rebecca Evans AC/AM



Ein cyf/Our ref RE/05486/16

Welsh Government Llywodraeth Cymru

Learning Disability Advisory Group Co-chairs Professor Ruth Northway and Sophie Hinksman

Sophie85hinksman@yahoo.co.uk Ruth.northway@southwales.ac.uk

2 October 2016

Thank you for your letter of 29 September and attachments.

developed by a sub-group of the Learning Disability Advisory Group (LDAG) with the Challenging Behaviour Community of Practice. My officials will have a separate discussion with you and your colleagues about the publication and distribution of the documents. I am pleased to endorse the Positive Behavioural Support Measures and Guidance

I am grateful to the LDAG sub-group and Community of Practice for their work in developing these documents which will improve the care of people with a learning disability and challenging behaviour and help them to achieve their well-being outcomes.

Rebecca Evans AC/AM

Gweinidog lechyd y Cyhoedd a Gwasanaethau Cymdeithasol Minister for Social Services and Public Health

Bae Caerdydd • Cardiff Bay Caerdydd • Cardiff CF99 1NA

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400
Correspondence.Rebecca.Evans@gov.wales
Gohebiaeth.Rebecca.Evans@llyw.cymru

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. gohebu yn Gymraeg yn arwain at oedi. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd

Positive Behavioural Support

Framework for Practice Leader Competencies

The team leader will need to hold pre-requisite skills and training prior to leading a team:

- the level 4 or 5 in PBS BTEC Practice or Team leader? LSW will have level 3
- To have used the Matrix for Challenging behaviour services for the service they are managing.
- The team leader will need to know each individual and their plan prior to supporting the team.

* RATING

- 0 standard not met at all
- 1 standard met in part only
- 2 standard mostly met
- 3 standard fully met
- √ tick if any action is needed on

the item

GUIDANCE

Who should use the measure:

Practitioner who:

- · holds the level 4 or 5 in PBS BTEC or MsC in Positive Approaches to Challenging Behaviour / similar qualification
- · is in a supervisory, mentoring or coaching position
- has a sound practical knowledge of the area in which the practice leader works
- Has scope to carry out observations, visits to the service setting and analysing of documents
- · Internal or external to the organisation

Who should be assessed:

A person who is in a Practice leader role, this could include:

- Lead Support worker
- · Team Leader
- · Assistant / Deputy
- Manager of a service or Locality

When it should be used:

- · As a mentorship tool for a new practice leader
- · As a coaching tool for an established practice leader
- As part of action learning sets for a group of practice leaders
- As a skills analysis to guide development plan for any practice leader
- · To form evidence for a person's annual appraisal / performance review

How to use the measure:

The assessor should complete this measure on the basis on direct observation of practice and examination of service records.

Competencies:

The 15 Competencies are assembled under 15 **Standards** that are written in the first person to represent the quality of life for the people being supported. These standards are directly related to the 9 wellbeing outcomes on the National Outcomes Framework. The main Practice Leader **Competency** to be achieved is stated under each standard, and the **Performance Criteria** column lists each of the relevant sub competencies that are required. The **Evidence** column lists suggestions of where or how the performance criteria may be demonstrated. The accompanying Evidence Template may be used to help in collecting the evidence together.

Rating:

Each sub competency must be rated on a four-point scale [0 = standard not met at all; 1 = standard met in part only; 2 = standard mostly met; 3 = standard fully met] If any further action is identified then a tick should be placed in the far right column.

N.B. It is very important for the assessor to observe the practice lead demonstrate their competence, so that ratings are not made solely on the evidence of documents or discussion.

Total the ratings in each section to calculate the score for that Competency. Transfer the 15 Competency scores to the Summary Sheet on Page 23 – enter the scores in the 'actual score' column. Then add all these scores to get the total score for the measure. The summary sheet shows the maximum possible scores for each competency and the total score. You calculate the percentage scores by dividing the actual score by the maximum score and multiplying by 100. (E.g. maximum score = 18, actual score = 11. Percentage score = $11 \div 18 \times 100 = 61\%$)

Use the columns on the right of page 22 to note if any action is required for each Competency.

An Action Plan format is supplied on Page 23. The date and the Practice Leader and Assessor Names should be entered here also.

Scores help the development and review process. The measure may be used as an assessment or as a development tool in routine management supervision. No time scale has been suggested for these reasons and because it may take some time to collect the required evidence. In other words, this measure has been designed as a flexible tool that can be used as an aid in developing new Practice Leaders as well as assessing the competency of and providing positive feedback to existing staff.

We would welcome feedback and anonymised scores to contribute to our benchmarking data. NB WE NEED CONTACT DETAILS

STAND	ARD 1						
	S plan helps me have a good quality			RA	TIN	lG*	
СОМР	ETENCY 1: Leads the team to un	derstand, implement and review the PBS plan					
Perfo	rmance Criteria	Evidence	0	1	2	3	✓
1.1	Supports the team to understand all plan elements	Team meeting minutes, plan reviews, 1:1's, training records, workshop, knowledge test					
1.2	Trains the team in the PBS plan: 3 stage competency training	Team training events, training records, appraisal and 1:1 records, observation, role modelling, plan review feedback					
1.3	Mentors the team in implementing the plan	Team meeting minutes, plan reviews, 1:1's, training records, observation / feedback, role modelling, debrief records					
1.4	Conducts Positive Monitoring on a regular basis	Positive monitoring schedule, records, reviews					
1.5	Administers Goodness of Fit checklist	Paperwork, review & feedback					
1.6	Feedback on performance to staff	1:1, appraisal, debriefs, performance reviews					
1.7	Role models best practise and supports development of the person	Active support, outcome monitoring, PCR, structured skill teaching plans					
1.8	Carries out Periodic Service Reviews to track team progress	Review data, feedback, service improvement plans, team knowledge of review and targets					
1.9	Maintains consistency of support using observation and the 3-stage competency training	Observations records, 1:1, appraisal, behavioural incident monitoring, review & feedback, Team meeting records, guidelines					
1.10	Monitors Primary Preventative strategies e.g. Active Support, Communication systems, PCP, routines, are being implemented by the team	Daily records, outcome records, person centred reviews ASM – participation, opportunity, teaching plans SALT engagement, communication plans, IC co-ordinator Team meeting mins, 1;1's & appraisals					
Comp	etency 1 Score (add up all the ra	itings)					

STAN	DARD 2						
I am	supported to make informed choices	and have control		R/	ITA	۱G*	
COME	PETENCY 2: Ensures people are e	nabled to make decisions independently or that MCA and Best					
	est decisions are in place						
Perfo	rmance Criteria	Evidence	0	1	2	3	\checkmark
2.1	Assesses that support plans and	Support plan content					
	risk analysis reflect the person's	e-mail trails					
	abilities around choice and	MDT meeting mins					
	decision making	MCA assessments, Best Interest notes and regular reviews					
		Risk analysis					
2.2	Facilitates individuals' circle of	Person centred reviews					
	support to engage in choice and	Family chart, agreement, contract, etc					
	decision making	MDT / MCA / BI meeting minutes					
		Family / friend feedback					
2.3	Audits to check that adequate	Communication profile, IC rep and actions,					
	communication systems are in	ASM plans, support plans					
	place and used for choice	PECs, Assistive tech					
	making						
2.4	Leads staff team in analysing	Observation of practice, meeting minutes, 1:1 & appraisal feedback					
	the decisions people are making						
	ensuring best practice						
Comp	etency 2 Score (add up all the ra	atings)		•		•	

	e relationships with family and friend			RA	TIN	IG*	;
COMF partn		nd maintains people's relationships with family, friends and					
•	rmance Criteria	Evidence	0	1	2	3	√
3.1	Role models and demonstrates professional boundaries and personal relationships	Staff practice is in line with service policies and procedures organisational updates are recorded in team meetings and 1:1 supervisions read and sign sheets, discussions at team meetings					
3.2	Facilitates contact with families and friends ensuring the interpersonal environment is	Contact notes/schedule of contact with family and friends Family charter, partnership forums, person centred reviews Team meeting minutes					
	appropriate	Family feedback – formal / informal Photographs/multi media					
3.3	Monitors and feeds back on communication between staff team and families/friends	Daily records, communication book responses Family feedback, 360 degree staff reviews Compliments and complaints logs					
3.4	Facilitates meetings with family and circles of support	Family charter, agreement, etc Person centred review notes Family forum attendance, informal meeting notes					
3.5	Audits to ensure that all recording is kept confidential, factual & values based	Daily records Person centred reviews MDT meeting minutes E-mails					
Comp	etency 3 Score (add up all the r	atings)					

4.1 M A C C 4.2 P P P A C K K K K K K K K K K K K K K K K K K	ENCY 4: Leads the team in Act ance Criteria Makes sure staff adhere to Active support routines and community participation Prioritises resources to support participation Makes sure all AS monitoring is kept up to date e.g. opportunity	Evidence Daily record audits, Team meeting minutes, 1:1 records Outcomes, PCP Tool (4 & 1), ASM records – feedback – discussion Positive Monitoring, Periodic Service Review Assistance given (AIPSG), feedback based on observation Training records, rota management, budget feedback Daily Participation Plans Assistive tech, environmental supports – personalised OT referrals, MDT meeting, Any resource deficiencies reported ASM monitoring and team / 1:1 feedback Team delegated tasks and targets set	0	1	2	3	√
4.1 M A C 4.2 P P P	Makes sure staff adhere to Active support routines and community participation Prioritises resources to support participation Makes sure all AS monitoring is kept up to date e.g. opportunity	Daily record audits, Team meeting minutes, 1:1 records Outcomes, PCP Tool (4 & 1), ASM records – feedback – discussion Positive Monitoring, Periodic Service Review Assistance given (AIPSG), feedback based on observation Training records, rota management, budget feedback Daily Participation Plans Assistive tech, environmental supports – personalised OT referrals, MDT meeting, Any resource deficiencies reported ASM monitoring and team / 1:1 feedback	0	1	2	3	_
4.2 P p	Active support routines and community participation Prioritises resources to support participation Makes sure all AS monitoring is kept up to date e.g. opportunity	Outcomes, PCP Tool (4 & 1), ASM records – feedback – discussion Positive Monitoring, Periodic Service Review Assistance given (AIPSG), feedback based on observation Training records, rota management, budget feedback Daily Participation Plans Assistive tech, environmental supports – personalised OT referrals, MDT meeting, Any resource deficiencies reported ASM monitoring and team / 1:1 feedback					
4.3 M k	Makes sure all AS monitoring is kept up to date e.g. opportunity	Training records, rota management, budget feedback Daily Participation Plans Assistive tech, environmental supports – personalised OT referrals, MDT meeting, Any resource deficiencies reported ASM monitoring and team / 1:1 feedback					
k	kept up to date e.g. opportunity	ASM monitoring and team / 1:1 feedback					
	plan, goal planning etc.	Audit feedback Team meeting minutes					
	Matches/develops staff skills to participation needs	Appraisal, 1:1, training needs analysis, CPD, training records, 360 degree feedback, appraisal, observation and feedback notes Skills Matching Tool Supervision records					
	Assesses service user skills and outcomes over time	OT – skills for life ABS, etc PCR, PCP Tool (4 & 1) Analysis and interpretation of data					
r	Conducts individual service user reviews to demonstrate outcomes	Person centred reviews, monthly 4 & 1's, ASM monitoring feedback & graphs PBS plan reviews, Incident monitoring review and feedback					
	Role models direct support to service users	Regular assistance give to service users by Practice Leader, using AIPSG – develops/maintains PL credibility of performance (street credibility)					

I live i	DARD 5 n an enriched typical environment, ETENCY 5: Develops and mainta	•	-				
	rmance Criteria	Evidence	0	1	2	3	√
5.1	Ensures the environment is adapted to suit individual need and choice	Environmental assessments, communication profiles, PBS plans, risk assessments, PCP meetings with individual. MDT referrals to therapies., partnership working, etc. Aids/adaptations, inclusive technologies, assistive technologies used.					
5.2	Supports the individual to maintain their home to an acceptable standard	Active Support records, observations of individual's involvement in their home. PIC visits, inspection reports, Quality monitoring reports. Audits, Housing association reviews and feedback, landlord inspection reports, family feedback, people supported compliments / complaints, spot checks, team meeting minutes					
5.3	Monitors environment with a view to minimise restrictive practice	MCA, DoLS, BI records, Behavioural incidents monitoring, review, feedback, reduction plans (for restrictive practices) Reactive strategy schedules, review and monitoring, Medication records, review and feedback, Risk analysis and assessments					
5.4	Monitors and observes to reduce any institutional practice	Values training, 1:1 & team meeting discussions, decision making agreements Direct observation at different times of the day / night Feedback form people supported, family, friends and other professionals					
5.6	Promotes individuality and choice	Person centred reviews, Decisions making agreements Communication profiles and systems, Finance audits Daily record, 4&1's, Positive Risk assessment					
Comp	etency 5 Score (add up all the ra	tings)		1			

STAND	ARD 6						
I am su	ipported to communicate			RA	TIN	IG*	:
СОМРЕ	ETENCY 6: Promotes culture of I	Inclusive Communication					
Perfor	mance Criteria	Evidence	0	1	2	3	✓
6.1	Supports staff to implement	IC rep in place					
	Inclusive Communication.	IC training					
		Communication profile and aids					
		Observation and feedback of staff performance					
		Staff 1:1 and appraisals					
6.2	Makes sure people are assessed	Referrals to MDT, SALT					
	for appropriate level of	Person centred review actions					
	communication.	Ongoing monitoring and review					
6.3	Promotes total communication	PECS, Sign, IT, AT, IC rep, staff trg					
	environment	Equipment in use, methods match support guidance and assessments					
		Referrals for equipment					
6.4	Supports staff to use	Profiles and Passports agreed					
	communication profiles and	Training plans for individualised systems					
	Passports	Sign and date check sheets					
		Ongoing monitoring and review					
		Positive monitoring, PSR, 3-stage competencies training					
Compe	tency 6 Score (add up all the ra	ntings)		•			

	appropriate treatment for my phys			RA	TIN	G*	
		ual to maintain their physical and mental wellbeing		_		_	
Perto	rmance Criteria	Evidence	0	1	2	3	√
7.1	Enables access to health appointments e.g. GP etc.	Registering with health practitioners, Risk assessment, rota planning, MDT mtg mins, Health reviews, environmental assessments, contact with liaison nurses etc.					
7.2	Makes sure people's health needs are addressed and staff know them.	Referrals, annual health checks, medication reviews, ophthalmology, audiology, dental, well women / men clinics, psychiatry, psychology, orthotics, attendance at health appointments, meeting minutes.					
7.3	Makes sure health needs are in PBS plan Primary Prevention .	PBS plan content, plan review, team meeting minutes, 1:1 feedback, planning meeting minutes					
7.4	Supports staff to follow health treatment plans	Risk assessment, clinical intervention plans, MCA, BI, IMCA, IMHA, record keeping, venepuncture risk assessment, best interest assessments					
7.5	Ensures consent to treatment was sought or MCA and Best Interest decisions are in place	Record of consent sought for any treatment/medication &/or an formal legal best interests framework. MCA, BI, easy read / communication resources, beliefs noted. IMCA, IMHA Response to treatment is monitored					
7.6	Supports individuals to access regular health reviews/health checks	Annual health check review letter, Health cintact records, reactive and proactive health management plans, medication reviews, easy read/communication resources related to health checks					
7.7	Ensures that health recording is sufficient to inform the delivery and formulation of plans for the individual	Health contact records, screening records, health history, daily records. Personalised monitoring records, i.e. epilepsy, bowel, diabetes, etc. Clinic appt feedback, reactive and proactive health management plans					
7.8	Supports staff to recognise and manage pain	Pain indicator assessments, PBS plans, training records, PRN guidelines, MDT meeting minutes, MARS records.					
Comp	etency 7 Score (add up all the ra	atings)			<u> </u>		

My be	haviours that challenge are understo	ood		RA	TIN	₩	:
COMP	PETENCY 8: Supports staff to und	lerstand the function of individuals' challenging behaviours					
Perfo	rmance Criteria	Evidence	0	1	2	3	√
8.1	Ensures that a BBAT and BAR have been completed where necessary	Assessments and BAR in place and up to date PBS plan review Referral for additional support in place -nursing or behavioural support					
8.2	Supports staff to understand challenging behaviour in a personcentred way	Training plans, PBS plans, data analysis and interpretation, team meetings, participation plans, interviews with staff					
8.3	Supports staff to participate in any internal and external assessments and analyses	Rota management to enable staff participation Planning team meetings/reviews Partnership working Behavioural analysis and feedback					
8.4	Ensures that monitoring of behavioural incidents is maintained and analysed	ABC records, graphs, plan review, observational feedback, risk reviews,					
8.5	Makes sure that observations are facilitated/ consent in place / carried out and fed into analysis	Consent / decision making docs, MCA, BI					
8.6	Observes and coaches staff team.	Team meeting mins and actions Feedback recorded at 1:1, appraisal					
8.7	Prepares data and information on challenging behaviour for the MDT	E-mail trails, MDT feedback, Incident reporting annual review meetings, provider meetings, partnership agreements					

	is a sustained reduction in my challe			KA	TIN	G.	
		es to reduce challenging behaviours		_		_	
Perfo	rmance Criteria	Evidence	0	1	2	3	✓
9.1	Ensure all behavioural incidents are recorded	Behavioural information is collected using formats such as ABC charts, individually tailored behavioural monitoring forms (BMFs), Incident Recordings, Scatter plots.					
9.2	Ensure that monitoring of behavioural incidents are collated monthly and analysed quarterly to evidence intensity, frequency & duration of behavioural incidents	Data Analysis Report A sustained reduction in challenging behaviours is demonstrated Evidence of sustained reduction is shown in data plotted over time. NB 'Sustained reduction' is demonstrated by the current level being as low as or lower than any previous recording. This should be assessed for both the number of incidents and the level of severity.					
9.3	Ensure that any changes to the PBSP are informed by data analysis and communicated to the MDT	Behavioural data are presented to and discussed by the multi-disciplinary team on a regular basis (i.e. at least 3-monthly).					
9.4	Ensures that the PBSP is subject to regular review (specify frequency)	Minutes of review, show actions and changes to PBS plans.					
9.5	Ensures that post incident support is routinely provided to individuals and their staff following an incident of challenging behaviour	Record of Debrief sessions Organisational monitoring of the provision of post incident support.					
9.6	Supports staff to manage stress and their wellbeing	Records of supervisions, Team meetings, staff sickness and absence levels, staff turnover. Counselling service. Provision of stress management training (e.g. Mindfulness). Return to work interviews					

I am n	ot subjected to restrictive pra	octices		RA	TIN	G*	
		litates a culture of least restrictive practice					
Perfor	mance Criteria	Evidence	0	1	2	3	√
10.1	Understands restrictive practice as identified within a legal framework	Organisational policy to reduce restrictive practice in situ with read and sign Individual PBS plans &/or risk assessments show no evidence of punishment or punitive practice, including covert medication. MDT minutes &/or records of individual reviews show reduction in restrictive practice. Reduction in restrictive practices evident for individuals and across organisation.					
10.2	Ensures all staff have completed identified ethical physical intervention training re restrictive practice	Staff are trained in PBM (or other formally accredited physical intervention training programme, e.g. BILD)					
10.3	Identify any restrictive practice & ensure that the relevant capacity and best interest assessments have been completed and are evidenced i.e. the least restrictive practice, and a plan to reduce any currently approved restrictive practice	The use of physical interventions and / or any other deprivation of liberty or restriction under the Mental Capacity Act is sanctioned by the Court of Protection or DOLs team. Any restrictive intervention is written up and approved by the MDT There is a record that consent was sought for any planned use of physical intervention, deprivation of liberty or restriction &/or an appropriate formal legal framework was adopted for any restrictive interventions used in the person's best interest e.g welfare orders, applications to court of protection. Report re DOLS, MCA assessments, Individual PBS plans					
10.4	Ensures that all restrictive interventions are recorded Data is systematically collected, summarised & analysed on at least a monthly basis	Individual incident records. Organisational summaries of incident records and reports to senior management and board contain data on:Frequency of use of physical and mechanical restraint, as required medication (secondary prevention & reactive) and seclusion -identifying the various types used; Duration of restraint and seclusion; Injuries to service user, staff and others; Names of staff members involved Reliability checks on incident records and data are implemented Data are analysed individually and organisationally and reported to management board					
10.5	Ensures all restrictive interventions are monitored and reviewed	Named staff member Reports provided to senior management and board					
Comp	etency 10 Score (add up al	I the ratings)					

I am n	ot subjected to punishment or puni	tive practice		RA	TIN	G*	
COMP	ETENCY 11: Safeguards the well	lbeing of the individual					
Perfor	mance Criteria	Evidence	0	1	2	3	√
11.1	Promotes a Person Centred culture	Organisational policy to not use punishment or punitive practice NB. Punishment or punitive practice is making the person experience something they find unpleasant after they have behaved in a certain way. This includes taking away something they like, stopping them doing something they like to do, making them do something they dislike, doing something to them they dislike.					
11.2	 Ensures staff: are compliant with statutory training requirements and includes DDE, SSWB Act can distinguish between positive and negative reinforcement and punishment/punitive practice know what to do if they see punishment or punitive practice 	Training records Supervision records Positive Monitoring records					
11.3	Is a positive role model and demonstrates positive support, pcp and active support competencies	Reports provided to senior management and board No formal or informal use of punishment					
11.4	Completes positive monitoring of PBSP implementation - specify frequency	Positive Monitoring proforma					
11.5	Communicates clear standards of service delivery and support – addressing identified practice issues in a timely manner	Named practice leader Team Meeting minutes Supervision records					

STAND				D 4	T T N 1		
	pported by staff trained in PBS	aviour support is the foundation of all support provided		KA	TIN	Ğ↑	
	mance Criteria	Evidence	0	1	2	3	./
			U	_		3	✓
12.1	Has undertaken, or is	Work based activities records					
	undertaking, training in PBS	PBS BTEC level3/4/5 (role dependent) or other relevant qualification					
		BTEC supervisions/supervisions					
		Mentorship of others in achieving PBS qualifications					
		Observations of Practice – Positive monitoring					
		Certificate of completion					<u> </u>
12.2	Promotes and enables own	CPD evidence					
	continued professional	training records, conference forum attendance					
	development	facilitates PBS sessions with team (team meeting minutes)					
		supervision and appraisal documents					1
		staff attitude will be motivated and positive					1
12.3	Promotes and enables continued	CPD evidence					
	professional development for	training records, conference forum attendance					
	the team	facilitates PBS sessions with team (team meeting minutes)					
		supervision and appraisal documents					
		staff attitude will be motivated and positive					1
12.4	Supports staff to develop and	Positive Monitoring, PSR					
	maintain their values base and						
	attitudes						1
12.5	Conducts Positive Monitoring in	Completed PM checklists, that include all team members on a regular					
	a regular basis	basis, comprehensive positive feedback on performance, actin plans for					
		improvement					
12.6	Runs PSR system on a regular	Improved PSR scores, action plans, feedback, completed PSR forms.					
	basis						
Compe	tency 12 Score (add up all the	ratings)					

	OARD 13 S plan is implemented consistently	by the staff team		RATING*				
СОМР	ETENCY 13: Supports staff to in	nplement individuals' PBS plans						
Perfor	rmance Criteria	Evidence	0	1	2	3	✓	
13.1	Delivers 3-stage training for individuals' PBS plans	Designs and delivers PBS plan training days and review meetings minutes Carries out knowledge tests with all new starters and at regular intervals with teams as a refresher Conducts role-play training sessions, with evaluation and reflection Conducts in-situ training sessions, with evaluation and reflection						
13.2	Actively involves staff in developing and reviewing PBS plans	Documentation in place – links to plan review and service improvement plan Uses Goodness of fit checklist and knowledge test Staff carry out observations on peers						
13.3	Conducts positive monitoring regularly	Feedback to staff from observations; supervision documents; appraisal Positive monitoring records -review feedback – for all staff Recognising the different types of supervision; direct, coaching, informal Rotas demonstrate hands on support and supervision						
13.4	Provides effective and honest feedback to staff, which recognises and develops good practice	s effective and honest Team meeting minutes k to staff, which observational feedback ses and develops good 1:1 & appraisal records						
13.5	Runs PSR system on a regular basis	Improved PSR scores, action plans, feedback, completed PSR forms.						
13.6	Monitors the impact of PBS plans	Increases in quality of life indicators and decreases in challenging behaviours, restrictive practices, as required medication. Family and service user feedback/satisfaction. (cf Standard 1)						

ed from abuse			RΔ	TIN	G*	
mplements practice and policies t	o promote the safety of others					
ia	Evidence	0 1 2				√
nd understands processes for: Adults at Risk, Dignity, Diversity & tleblowing, Complaints, Confidentiality	Training records, Read and sign record sheets Safeguarding alerts					
caff team are compliant with statutory rements for Safeguarding Adults at Risk sity & Equality	Training records Supervision and appraisal records					
es and procedures for: Safeguarding , Dignity, Diversity & Equality, g, Complaints , Confidentiality are unicated & implemented	Induction records, Supervision records, Read and sign record sheets, Team meetings Positive Monitoring record forms, Service Monitoring VA1, Reg 26 or 28, Complaints records					
ortunities for individuals to contribute to delivery and review of their support, sice and control	Service User meetings, PCP review meetings Total communication environment/Inclusive technology PBS plans, Capacity and Best Interest Assessments					
duals are supported to access advocacy or maintain family relationships	Advocacy referrals, Access to complaints policy License/Tenancy agreement, Family engagement					
tive risk-taking to achieve positive individuals	Risk assessments, skill development, Quality of Life outcomes, reviews of community and household participation					
ress indicators in team	1:1, employee assistance referrals, lone wkg risk assessment, personal risk assessments, flexible post incident support and plans					
ress indicators in individuals	PBS plans. PSR records, personal profiles					
post incident support is routinely dividuals and their staff following any use	Record of Debrief sessions. Organisational monitoring of the provision of post incident support.					
divid use		uals and their staff following any provision of post incident support.	uals and their staff following any provision of post incident support.	uals and their staff following any provision of post incident support.	uals and their staff following any provision of post incident support.	uals and their staff following any provision of post incident support.

	ard 15. KEY LEADERSHIP SKILLS ETENCY 15: Is an accomplished			RATING*				
Perfo	rmance Criteria	Evidence	0	1	2	3	√	
15.1	Takes responsibility for service and team performance.	Own appraisal targets and 1:1 progress						
	Demonstrates:	PSR						
	Accountability	Local authority / health review feedback						
	Learning Evidence-based practice	360 degree feedback						
	Evidence based practice	Service Improvement plan						
		Compliance audit results						
		Recruitment, retention, absence management figures						
15.2	Communicates clear standards	Job descriptions						
	for service delivery and support	Supervision						
	 addressing identified practice issues in a timely manner 	Team meetings						
15.3	Is a positive role model – visible	Uses active listening skills						
13.3	and approachable	Demonstrates empathy						
	and approachable	Staff rota						
		Uses values-based terminology						
		Regularly works directly with service users						
15.4	Is knowledgeable and applies	CPD, training records, coaching attendance						
	knowledge and evidence to	BTEC PBS or equivalent						
	evaluate impact on service	Updating with best practice, articles, journals etc						
	delivery and support							
15.5	Embeds equality, diversity and	1motivated, high performing staff team						
	inclusion in team practice	low turnover of staff						
		sickness and absence records						
		training records						

15.6	Promotes a culture of continuous	Reflective learning logs		T
	improvement and learning, uses	Positive Monitoring		
	reflective practice	Learning outcomes		
		Quality assurance systems		
15.7	Has resilience and maintains the	Performance coach sessions/feedback/action plans		
	wellbeing of individuals and staff	Appraisal and 1:1		
		Feedback from people supported, staff, families, professionals,		
		colleagues		
		Direct observation		
		Attendance levels/sickness/turnover of staff and self		
15.8	Self-aware/emotional	Supervisions, reflective practice, experience of handling crises		
	intelligence/manages own			
	emotions			
15.9	Manages own workload	Diaries/calendar, deadlines met/missed, delegation		
15.10	Maintains professional	Reflection, feedback from others		
	boundaries			
15.11	Demonstrates culture and vision	Direct observation, PSR feedback, team feedback – 360 degree		
	to motivate team towards goals			
15.12	Supports staff team to have a	1:1, appraisal, delegation lists		
	clear identity of role	link worker responsibilities and checks		
15.13	Decision making	Reflection, appraisal, 360 degree, feedback from others internal and		
	/judgement/objectivity/managing	external to service setting		
	well in crises			
15.14	Ensures that post incident support	Record of Debrief sessions		
	is routinely provided to individuals and their staff following an incident	Organisational monitoring of the provision of post incident support.		
	of challenging behaviour	Organisational monitoring of the provision of post incluent support.		
15.15	Supports staff to manage stress	Records of supervisions, Team meetings, staff sickness and absence levels,		
	and their wellbeing	staff turnover. Counselling service. Provision of stress management training		
		(e.g. Mindfulness). Return to work interviews		
Compe	tency 15 Score (add up all the r	atings)		

SUM	IMARY OF OVERALL RATINGS FOR EACH COMPETENCY	Max score	Actual score	% score	No action needed	Action plan already in place	Action plan needed
1	Leads the team to understand, implement and review the PBS plan	30					
2	Ensures people are enabled to make decisions independently or that MCA and Best Interest decisions are in place	12					
3	Actively promotes and maintains people's relationships with family, friends and partners	15					
4	Leads the team in Active Support	21					
5	Develops and maintains a homely environment	18					
6	Promotes culture of Inclusive Communication	12					
7	Supports the individual to maintain their physical and mental wellbeing	24					
8	Supports staff to understand the function of individuals' challenging behaviours	21					
9	Implements strategies to reduce challenging behaviours	18					
10	Develops/facilitates a culture of least restrictive practice	15					
11	Safeguards the wellbeing of the individual	15					
12	Ensures positive behaviour support is the foundation of all support provided	18					
13	Supports staff to implement individuals' PBS plans	18					
14	Implements practice and policies to promote the safety of others	27					
15	Is an accomplished Practice Leader	45					
тот	TOTAL						

Practice Leader:	Service:
Name of Assessor(s):	Date of Assessment:

	RECOMMENDATIONS/ACTION PLAN * For each Action, note which standard it refers to							
	RECOMMENDED ACTION	*	Agreed by	Who responsible	Deadline			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								