



### Anywhere GO TO FRONTPAGE Page 1

## **Manager: Residential and Supported Living**

September 2020

|  | •                |             |
|--|------------------|-------------|
| What client group(s) do you work with    | n? (Click as man | y as apply) |
| Elderly                                  |                  |             |
| Dementia                                 |                  |             |
| Learning difficulties and autism         | 3                | 43%         |
| Physical                                 | 1                | 14%         |
| Mental health                            | 3                | 43%         |
| Other (please specify):                  |                  |             |
| Have you been asked to complete a Di     | BS check?        |             |
| Yes                                      | 3                | 100%        |
| No                                       |                  |             |
| Have you been asked if you have the r    | ight to work in  | the UK?     |
| Yes                                      | 3                | 100%        |
| No                                       |                  |             |
| Did you receive a full induction on join | ing the organis  | ation?      |
| Yes                                      | 3                | 100%        |
| No                                       |                  |             |
| What style of training do you think yo   | u learn best fro | m?          |
| Face-to-face                             | 3                | 75%         |
| E-learning                               | 1                | 25%         |
| Webinars                                 |                  |             |
| Other                                    |                  |             |





Anywhere

**Manager: Residential and Supported Living** 

| Answer Choice   | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Response<br>Total |
|---|-------------------|----------|---------|-------|----------------|-------------------|
| have a good understanding and follow my role as a leader  |                   |          |         | 1     | 2              | 3                 |
| have experience of the Care sector's Governance and Regulatory processes  |                   |          |         | 1     | 2              | 3                 |
| I have experience in building and maintaining relationships, encouraging contribution, and communicating the service's vision to others |                   |          |         | 1     | 2              | 3                 |
| have the experience to develop networks, build and maintain relationships, and manage people in the organisation                        |                   |          |         | 2     | 1              | 3                 |
| ensure the safety of people who use the service and encourage their contribution around Health and Safety                               |                   |          |         |       | 3              | 3                 |
| strive for my continual personal development and I am able to manage other people's performance   |                   |          |         | 2     | 1              | 3                 |
| I plan, monitor, and manage the services' resources and evaluate the impact issues may have on the service                              |                   |          |         | 1     | 2              | 3                 |
| have the experience to "Safeguard" people who use the service   |                   |          |         |       | 3              | 3                 |
| can continue with my development, act with integrity, and embody the service's vision   |                   |          |         | 1     | 2              | 3                 |
| I can plan, critically evaluate, and make decisions   |                   |          |         | 1     | 2              | 3                 |
| can improve the service by developing a vision and influencing the vision to the wider Health and Social Care sector audience           |                   |          | 1       | 1     | 1              | 3                 |

| Please score your level of agreement with the statements relating to your service below | \M'`              |          |         |       |                |                   |  |
|---|-------------------|----------|---------|-------|----------------|-------------------|--|
| Answer Choice   | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Response<br>Total |  |
| I feel there is a safe environment at work  |                   |          |         | 1     | 2              | 3                 |  |
| I feel there is a supportive culture at work  |                   |          |         | 3     |                | 3                 |  |
| I feel all staff are enabled at work  |                   |          |         | 2     | 1              | 3                 |  |
| I feel all staff are appreciated at work  |                   |          |         | 2     | 1              | 3                 |  |
| I feel all staff are listened to at work  |                   |          | 1       | 2     |                | 3                 |  |





# Anywhere Manager: Residential and Supported Living

Page 3 September 2020

| Hav  | e you had any face     | -to-face trainin    | g in Leadership     | and Managem         | ent? |                |    |
|--|------------------------|---------------------|---------------------|---------------------|------|----------------|----|
| Yes  | 3                      |                     |                     | 100%                |      |                |    |
| No   |                        |                     |                     |                     |      |                |    |
| In regards to Leadership and Management, score | your level of agreemen | t with the followin | g statements relati | ing to your service |      |                |    |
| Answer Choice                                  | Not at all             | Not very            | Neutral             | Fairly              | Very | Response Total |    |
| How skilled do you feel in this area?          |                        |                     |                     | 2                   | 1    | 3              |    |
| How confident do you feel in this area?        |                        |                     |                     | 1                   | 2    | 3              | -1 |
| How knowledgeable do you feel in this area?    |                        |                     |                     | 2                   | 1    | 3              |    |

| Have you   | ı had any face-to-f     | ace training in (  | Governance and    | Regulatory pr        | ocesses? |                |  |  |
|--|-------------------------|--------------------|-------------------|----------------------|----------|----------------|--|--|
| Yes  | 2                       |                    |                   | 67%                  |          |                |  |  |
| No   | 1                       | 33%                |                   |                      |          |                |  |  |
| In regards to Governance and Regulatory process, | score your level of agr | eement with the fo | llowing statement | s relating to your s | ervice:  |                |  |  |
| Answer Choice                                    | Not at all              | Not very           | Neutral           | Fairly               | Very     | Response Total |  |  |
| How skilled do you feel in this area?            |                         | 1                  |                   | 1                    | 1        | 3              |  |  |
| How confident do you feel in this area?          |                         | 1                  |                   | 1                    | 1        | 3              |  |  |
| How knowledgeable do you feel in this area?      |                         | 1                  |                   | 1                    | 1        | 3              |  |  |

|  | Have you had a        | ny face-to-face   | training in Com     | munication? |      |                |  |  |  |
|--|-----------------------|-------------------|---------------------|-------------|------|----------------|--|--|--|
| Yes  | 3                     | 100%              |                     |             |      |                |  |  |  |
| No   |                       |                   |                     |             |      |                |  |  |  |
| In regards to Communication, score your level of a | greement with the fol | lowing statements | relating to your se | rvice:      |      |                |  |  |  |
| Answer Choice                                      | Not at all            | Not very          | Neutral             | Fairly      | Very | Response Total |  |  |  |
| How skilled do you feel in this area?              |                       |                   |                     | 1           | 2    | 3              |  |  |  |
| How confident do you feel in this area?            |                       |                   |                     | 1           | 2    | 3              |  |  |  |
| How knowledgeable do you feel in this area?        |                       |                   |                     | 1           | 2    | 3              |  |  |  |

|   | b d                     | f +!! ! !          | D-1-4:            | d Danta and in       |             |                |  |  |
|---|-------------------------|--------------------|-------------------|----------------------|-------------|----------------|--|--|
| наve yo   | u had any face-to-      | race training in   | keiationsnip an   | a Partnersnip v      | vorking?    |                |  |  |
| Yes   | 2                       | 67%                |                   |                      |             |                |  |  |
| No  | 1                       | 33%                |                   |                      |             |                |  |  |
| In regards to Relationships and Partnership working | ag score your lovel of  | agraamant with the | following stateme | ents relating to you | ır condico. |                |  |  |
| in regards to kelationships and Partnership working | ig, score your level of | agreement with the | Tollowing Stateme | ents relating to you | ii service. |                |  |  |
| Answer Choice                                       | Not at all              | Not very           | Neutral           | Fairly               | Very        | Response Total |  |  |
| How skilled do you feel in this area?               |                         |                    |                   | 2                    | 1           | 3              |  |  |
| How confident do you feel in this area?             |                         |                    |                   | 2                    | 1           | 3              |  |  |
| How knowledgeable do you feel in this area?         |                         |                    |                   | 2                    | 1           | 3              |  |  |

| Have you ha  | d any face-to-face   | training in Pers  | on-Centred pra     | ctice for positiv  | e outcomes?        |                |
|--|----------------------|-------------------|--------------------|--------------------|--------------------|----------------|
| Yes  | 3                    |                   |                    | 100%               |                    |                |
| No   |                      |                   |                    |                    |                    |                |
| In regards to Person-Centred practice for positive | outcomes, score your | evel of agreement | with the following | statements relatin | g to your service: |                |
| Answer Choice                                      | Not at all           | Not very          | Neutral            | Fairly             | Very               | Response Total |
| How skilled do you feel in this area?              |                      |                   |                    | 1                  | 2                  | 3              |
| How confident do you feel in this area?            |                      |                   |                    | 1                  | 2                  | 3              |
| How knowledgeable do you feel in this area?        |                      |                   |                    |                    |                    |                |

| Have you had any face-to                                 | -face training in p  | rofessional dev         | elopment, supe        | rvision, and pe    | rformance ma        | nagement?      |  |  |
|--|----------------------|-------------------------|-----------------------|--------------------|---------------------|----------------|--|--|
| Yes  | #DIV/0!              |                         |                       |                    |                     |                |  |  |
| No   | #DIV/0!              |                         |                       |                    |                     |                |  |  |
| In regards to professional development, supervision, and | performance manageme | ent, score your level o | of agreement with the | following statemen | ts relating to your | service:       |  |  |
| Answer Choice  | Not at all           | Not very                | Neutral               | Fairly             | Very                | Response Total |  |  |
| How skilled do you feel in this area?                    |                      |                         |                       | 3                  |                     | 3              |  |  |
| How confident do you feel in this area?                  |                      |                         |                       | 2                  | 1                   | 3              |  |  |
| How knowledgeable do you feel in this area?              |                      |                         |                       | 2                  | 1                   | 3              |  |  |

| На   | ve you had any f | face-to-face tra | ining in resource | e management | ?    |                |  |  |
|--|------------------|------------------|-------------------|--------------|------|----------------|--|--|
| Yes  | 2                | 67%              |                   |              |      |                |  |  |
| No   | 1                | 33%              |                   |              |      |                |  |  |
| In regards to resource management, score your level of agreement with the following statements relating to your service: |                  |                  |                   |              |      |                |  |  |
| Answer Choice  | Not at all       | Not very         | Neutral           | Fairly       | Very | Response Total |  |  |
| How skilled do you feel in this area?  |                  |                  | 1                 | 2            |      | 3              |  |  |
| How confident do you feel in this area?  |                  |                  | 1                 | 2            |      | 3              |  |  |
| How knowledgeable do you feel in this area?  |                  |                  | 1                 | 2            |      | 3              |  |  |





# Anywhere Manager: Residential and Supported Living

#### Page 4 September 2020

| Have you  | ı had any face-t    | o-face training    | in Safeguarding,  | protection, and      | d risk? |                |  |  |
|---|---------------------|--------------------|-------------------|----------------------|---------|----------------|--|--|
| Yes   | 3                   |                    |                   | 100%                 |         |                |  |  |
| No  |                     |                    |                   |                      |         |                |  |  |
| In regards to Safeguarding, protection, and risk, score | your level of agree | ement with the fol | lowing statements | relating to your ser | vice:   |                |  |  |
| Answer Choice   | Not at all          | Not very           | Neutral           | Fairly               | Very    | Response Total |  |  |
| How skilled do you feel in this area?                   |                     |                    |                   | 1                    | 2       | 3              |  |  |
| How confident do you feel in this area?                 |                     |                    |                   | 1                    | 2       | 3              |  |  |
| How knowledgeable do you feel in this area?             |                     |                    |                   | 1                    | 2       | 3              |  |  |

|  | Have you had ar | ny face-to-face t | training in self-n | nanagement? |      |                |  |  |  |
|--|-----------------|-------------------|--------------------|-------------|------|----------------|--|--|--|
| Yes  | 2               |                   | 67%                |             |      |                |  |  |  |
| No   | 1               | 33%               |                    |             |      |                |  |  |  |
| In regards to self-management, score your level of agreement with the following statements relating to your service: |                 |                   |                    |             |      |                |  |  |  |
| Answer Choice  | Not at all      | Not very          | Neutral            | Fairly      | Very | Response Total |  |  |  |
| How skilled do you feel in this area?  |                 |                   | 1                  | 1           | 1    | 3              |  |  |  |
| How confident do you feel in this area?  |                 |                   | 1                  | 2           |      | 3              |  |  |  |
| How knowledgeable do you feel in this area?  |                 |                   | 1                  | 2           |      | 3              |  |  |  |

|  | Have you had a        | ny face-to-face   | training in decis     | ion-making? |      |                |
|--|-----------------------|-------------------|-----------------------|-------------|------|----------------|
| Yes  |                       |                   | •                     |             |      |                |
| No   | 3                     | 100%              |                       |             |      |                |
| In regards to decision-making, score your level of a | greement with the fol | llowing statement | s relating to your se | rvice:      |      |                |
| Answer Choice  | Not at all            | Not very          | Neutral               | Fairly      | Very | Response Total |
| How skilled do you feel in this area?                |                       |                   | 2                     |             | 1    | 3              |
| How confident do you feel in this area?              |                       |                   | 2                     |             | 1    | 3              |
| How knowledgeable do you feel in this area?          |                       |                   | 2                     |             | 1    | 3              |

| Have you  | had any face-to      | -face training in  | entrepreneuria     | l skills and inno    | vation?  |                |  |
|---|----------------------|--------------------|--------------------|----------------------|----------|----------------|--|
| Yes   |                      |                    |                    |                      |          |                |  |
| No  | 3                    | 100%               |                    |                      |          |                |  |
| In regards to entrepreneurial skills and innovation, so | ore your level of ag | reement with the f | following statemer | its relating to your | service: |                |  |
| Answer Choice   | Not at all           | Not very           | Neutral            | Fairly               | Very     | Response Total |  |
| How skilled do you feel in this area?                   |                      | 2                  |                    |                      | 1        | 3              |  |
| How confident do you feel in this area?                 |                      | 2                  |                    |                      | 1        | 3              |  |
| How knowledgeable do you feel in this area?             |                      | 2                  |                    |                      | 1        | 3              |  |



# hcpa

## Anywhere

# **Manager: Residential and Supported Living**

# Page 5 September 2020

| Do you feel confident that staff know how to follow your organisation's Whistle Blowing Policy?                                 |                    |   |  |  |  |  |  |  |
|---|--------------------|---|--|--|--|--|--|--|
| Yes   | 3                  | 100%  |  |  |  |  |  |  |
| No  |                    |   |  |  |  |  |  |  |
|   |                    |   |  |  |  |  |  |  |
| •   | know how to ef     | fectively dispose of clinical waste?                                      |  |  |  |  |  |  |
| Yes   | 3                  | 100%  |  |  |  |  |  |  |
| No  |                    |   |  |  |  |  |  |  |
| Do you feel confident that there is   | enough staff cover | to ensure that all the service users' needs are attended to at all times? |  |  |  |  |  |  |
| Yes   | 1                  | 33%   |  |  |  |  |  |  |
| No  | 2                  | 67%   |  |  |  |  |  |  |
|   | _                  |   |  |  |  |  |  |  |
| Was your organisation's Emerge  | ency Policy suita  | ble to cover COVID-19?  |  |  |  |  |  |  |
| Yes   | 3                  | 100%  |  |  |  |  |  |  |
| No  |                    |   |  |  |  |  |  |  |
| Is there enough information displayed in the setting to support people to keep safe?  |                    |   |  |  |  |  |  |  |
|   | 3                  | 100%  |  |  |  |  |  |  |
| Yes   | 3                  | 100%  |  |  |  |  |  |  |
| No  |                    |   |  |  |  |  |  |  |
| Are all medicines (including any homely remedies and covert medication) administered and stored safely?                         |                    |   |  |  |  |  |  |  |
| Yes   | 3                  | 100%  |  |  |  |  |  |  |
| No  |                    |   |  |  |  |  |  |  |
|   |                    |   |  |  |  |  |  |  |
| Do you feel that the premises a   | re maintained to   | a safe standard for yourself and others to be in?                         |  |  |  |  |  |  |
| Yes   | 2                  | 67%   |  |  |  |  |  |  |
| No  | 1                  | 33%   |  |  |  |  |  |  |
| Does your organisation ensure staff have access to all the equipment they need and that it is fit for purpose, well maintained, |                    |   |  |  |  |  |  |  |
| Yes   | 3                  | 100%  |  |  |  |  |  |  |
| No  | 3                  | 100/0   |  |  |  |  |  |  |
| INU   |                    |   |  |  |  |  |  |  |