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Advanced Health and Social Care Team Supervision Training Course

22 February – 5 March 2027
Singapore

Advanced Health and Social Care Team Supervision Training Course

Ref: 791_30008 **Date:** 22 February – 5 March 2027 **Location:** Singapore **Fees:** 12000 GBP

Health and Social Care Team Supervision is a 2-week training course for senior care workers, care team leaders and supervisors who guide frontline carers, and it ends with each participant building a care team supervision framework. Residential homes, home care services and hospital wards now depend on supervisors who turn person-centred values into daily practice, safe staffing and accurate records. Jupiter Prime Training delivers this course in Health and Social Care Team Supervision.

Why Health and Social Care Team Supervision Matters Now

Three forces shape care supervision today. People receiving care and their families expect choice, dignity and a voice in every decision. Workforce turnover places newer carers on shifts with less experience, so supervisors carry more coaching and checking. Inspectors and commissioners look for evidence that safeguarding concerns are raised early and that care plans match what happens at the bedside. Services that supervise well keep residents safe, retain staff and pass scrutiny calmly; services that supervise poorly see missed medicines, unreported harm and complaints. The course rests on person-centred care principles and reflective supervision models.

Who Gains Most from Health and Social Care Team Supervision

- Senior carers who lead shifts and allocate tasks across a residential or nursing home
- Care team leaders responsible for rotas, handovers and one-to-one supervision sessions
- Home care coordinators who oversee lone workers visiting people in their own homes
- Ward supervisors and healthcare assistants with delegated responsibility for personal care
- Deputy managers preparing care settings for inspection and quality audits

The gain is greatest when a deputy manager attends with two or three shift leaders from the same service, so the supervision framework is agreed and used by everyone who signs off care.

Health and Social Care Team Supervision Capabilities

Participants move from doing care well themselves to making sure every carer on the rota does it well, with evidence that stands up to a family, an auditor or a safeguarding lead.

- Design a supervision cycle of one-to-ones, observations and appraisals — deputy manager and staff wellbeing
- Apply safeguarding thresholds to concerns raised by carers — safeguarding lead and the person at risk
- Assess care plans against daily notes and observed practice — residents, families and auditors
- Weigh duty of care against a person's right to take informed risks — multidisciplinary team

- Communicate feedback on dignity and respect through coaching conversations — individual carers
- Build a record-keeping audit that catches gaps before inspection — registered manager

Key Health and Social Care Team Supervision Terms

- Person-centred care — planning and delivering support around the individual's preferences, history, culture and goals rather than around service routines.
- Duty of care — the obligation to act in a person's best interests and avoid foreseeable harm while respecting their choices.
- Safeguarding — protecting adults at risk from abuse, neglect and exploitation and responding when concerns arise.
- Reflective supervision — a structured one-to-one where a carer reviews practice, feelings and learning with a supervisor.
- Positive risk-taking — agreeing activities that carry some risk because the benefit to wellbeing and independence outweighs it.
- Mental capacity assessment — a decision-specific check of whether a person can understand, retain, weigh and communicate a choice.

Health and Social Care Team Supervision Day by Day

Day 1: The Supervisor's Place in Care Settings

- Care Setting Map of Residential, Home and Ward Services — Where Supervision Effort Is Needed Most
- Role Shift From Carer to Supervisor — Boundaries With Former Peers
- Accountability Chain From Carer to Registered Manager — Who Signs Off Care
- Quality Indicators Families and Inspectors Notice — Priorities for the Shift
- Supervisor Self-Assessment Profile — Personal Development Focus for the Course

Day 2: Person-Centred Care in Daily Routines

- Life History and One-Page Profile — Tailoring Routines to Each Resident
- Choice and Control at Mealtimes and Personal Care — Dignity Standards on Shift
- Cultural, Faith and Language Needs — Adjusting Care Without Stereotyping
- Family and Advocate Involvement — Shared Decisions About Daily Living
- Observation Tool for Person-Centred Practice — Feedback Points for Carers

Day 3: Duty of Care and Positive Risk-Taking

- Duty of Care Dilemmas — Balancing Protection With Independence
- Positive Risk Assessment Template — Agreeing Activities With Residents
- Mental Capacity Assessment Steps — When a Best-Interests Decision Is Needed
- Restrictive Practice Review — Reducing Bed Rails, Locks and Sedation
- Falls, Pressure Ulcers and Choking Risks — Supervision Checks per Shift

Day 4: Safeguarding Adults at Risk

- Categories of Abuse and Neglect — Recognising Signs in Care Settings
- Safeguarding Threshold Guidance — Deciding When to Refer Onward
- Responding to a Disclosure — First Actions and Preserving Evidence
- Whistleblowing and Speaking Up Routes — Protecting Carers Who Raise Concerns
- Safeguarding Case Review — Lessons for the Supervision Cycle

Day 5: Care Planning That Reflects Practice

- Needs Assessment to Care Plan Pathway — Outcomes Written With the Person
- SMART Care Plan Goals — Measurable Steps Carers Can Follow
- Care Plan Review Triggers — Changes in Health, Mood or Mobility
- Handover Sheets Linked to Care Plans — Continuity Between Shifts
- Care Plan Audit Sampling — Gaps Between Plan and Bedside Reality

Day 6: Record Keeping and Information Handling

- Factual, Timely and Legible Daily Notes — Defensible Care Records
- Medication Administration Records — Spotting Omissions and Errors
- Incident and Accident Reporting Forms — Trend Data for Managers
- Confidentiality and Consent to Share — Information With Families and Agencies
- Electronic Care Record Systems — Supervisor Dashboards and Alerts

Day 7: Supervision Conversations and Coaching

- Reflective Supervision Model — Structuring One-to-One Sessions
- GROW Coaching Questions — Developing Carer Confidence and Skill
- Direct Observation of Practice — Evidence for Competency Sign-Off
- Giving Feedback on Dignity Lapses — Corrective Conversations That Retain Staff
- Supervision Record and Action Log — Following Up Agreed Changes

Day 8: Leading the Care Team on Shift

- Rota Planning and Skill Mix — Safe Cover for Each Shift
- Delegation of Personal Care Tasks — Matching Competence to Need
- Daily Huddle and Shift Briefing — Priorities, Risks and Resident Updates
- Conflict Within Care Teams — Mediation and Escalation Routes
- Carer Wellbeing and Burnout Signs — Support and Workload Adjustments

Day 9: Quality Assurance and Inspection Readiness

- Quality Audit Calendar — Medicines, Infection Control and Nutrition Checks
- Complaints and Compliments Log — Learning From Families' Experience
- Root Cause Review of Care Incidents — Preventing Recurrence
- Evidence Folder for Inspectors — Showing Safe, Effective and Caring Practice
- Continuous Improvement Actions — Tracking Changes Across the Service

Day 10: Practising the Care Team Supervision Framework

- Person-Centred Observation Rehearsal — Applying the Day 2 Tool to Scenarios
- Safeguarding Referral Simulation — Testing Threshold Decisions From Day 4
- Care Plan and Records Audit Exercise — Combining Days 5 and 6 Methods
- Peer-Observed Supervision Session — Practising Coaching From Day 7
- Care Team Supervision Framework — Cycle, Checks and Records for the Service

Applying Health and Social Care Team Supervision After the Course

- Run a month of reflective one-to-ones with each carer on the rota, recording actions in the supervision log and reviewing progress at the next session.
- Lead a care plan and daily notes audit on a sample of residents, sharing gaps at the shift huddle and agreeing corrections with named carers.

Health and Social Care Team Supervision Questions FAQ

What is Health and Social Care Team Supervision and why does it matter now?

It is the practice of guiding, checking and developing carers so that person-centred, safe care happens on every shift. It matters now because staff turnover is high, expectations from families are rising and inspectors look for evidence of supervision and safeguarding.

Which roles gain most from Health and Social Care Team Supervision?

Senior carers, care team leaders, home care coordinators and deputy managers gain most. You will benefit if you lead shifts, hold one-to-ones with carers or sign off care plans and records in residential, home care or hospital settings.

How does Health and Social Care Team Supervision differ from a care certificate course?

It focuses on supervising others rather than on individual care skills. An entry-level care course teaches how to give care; this one teaches how to observe, coach, audit records and act on safeguarding concerns across a whole care team.

What do you bring back from Health and Social Care Team Supervision?

You bring back a supervision framework for your service. It sets out the one-to-one cycle, observation checks, safeguarding thresholds and record audits, ready to discuss with your manager and introduce to carers in the following weeks.

Health and Social Care Team Supervision: The Way Forward

The care team supervision framework first informs how often each carer receives a one-to-one and an observed practice check. Shift leaders and deputy managers use it to plan supervision around the rota and to evidence safe care. After its first quarter, revisit the balance between protection and positive risk-taking, as residents' needs and team experience will have changed.