

Portfolio of work

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SWOT Analysis and PDP

The purpose of this self-reflection is to audit my skills developed throughout the course and how the SWOT analysis tools enabled me to help me work on my weaknesses and develop my work as the course progressed. Before I was introduced to the SWOT analysis, I did not have any idea as to what this type of analysis involved, however, I came to realise, after studying it, that it is seen as the most efficient type of analysis which is commonly favoured across healthcare institutions (Marquis and Huston, 2017). SWOT analysis can be used for a number of different reasons in the health and social care settings. For instance, managers in institutions use the SWOT analysis to “[...] scan their external environment to identify opportunities and threats so their internal strengths and weaknesses are aligned accordingly” (Sola et al., 2018:136). Moreover, the SWOT analysis also helps support workers or aspiring support workers when forming their Professional Development Plans or PDPs. Furthermore, a Personal Development Plan is a portfolio that identifies “areas in which development is required or desired (Jackson and Thurgate, 2011:293). Learners in the workplace are also able to use a PDP within the learning environment or in the workplace to identify opportunities to progress themselves (Wareing, 2016).

Effective Managers in the Care Home setting

The industry I have chosen to analyse the role of a manager is in a care home, what skills are required to be an effective manager in a care home. To begin with, effective managers are regarded as those who have the essential characteristics needed to manage an organisation and the employees that work for that organisation. The characteristics that are broadly associated with these managerial skills include critical thinking skills, skills that involve being technical and interpersonal skills which include being able to liaise with employees/co workers and service users (Schermerhorn et al., 2014). Being a manager in a care home involves more of a range of skills involving directing, guiding and inspiring employees/service users and managers from other care home settings etc. (Burton, 2012; Dimon, 2005). Referring to the SWOT analysis, the strengths of an effective manager require the managers to “become conversant with the management component of their role and the leadership elements and how they intertwine” (National Skills Academy for Social Care, 2013b:22). This means that effective managers need to be very vocal in their management techniques and styles so that all their other leadership qualities are equally effective.

Registered managers need to have a set of particular skills which include: being very good at organising, solving problems efficiently, the ability to deal with problems instantly, being good communicators at every level, not holding back from asking for advice when needed and being able to share information when required Chambers and Tyrer (2003). According to the Care Quality Commission (2012a), registered managers are required by the Health and Social Care Act to possess “necessary qualifications, skills and experience” in order to remain a registered manager. Registered managers mutually agreed that there were four qualities that managers in care home should have. Firstly, being able to work effectively with commissioners. The second skill is soft skills which include, managing people, being able to negotiate and being assertive. The final two refer to effective leadership and being able to budget and managing finances (National Skills Academy for Social Care, 2012a). Moreover, 20% of the managers who took part in the National Skills Academy’s survey, the social care sector could be transformed simply through better leadership. Leadership was the determining factor between how successfully the workers and the organisation were able to deliver effective care and how satisfied the service users would be.

According to Knocker (2006), the most substantial influence in care homes is the leadership the manager demonstrates and how they promote the set of rules. An effective manager is vital to the success and progression of the care home and the quality of care delivered to the service users. In a study in Surrey which investigated the links between the features of care homes and the care the service users received, they found that when the standards of the managers in the care homes was higher, there were few to no failures in the quality of care delivered and other features of the care home (Gage et al., 2009). In contrast, data compiled in the Castle and Longest’s (2006) review, they identified a link between poor management and the quality of care that service users received. This in turn impacted their treatment plans and other sectors of the institution for example, how effectively the employees could work.

Care home managers are highly required to show effective leadership in order to deliver high quality care (Castle and Decker, 2011; Tadd et al., 2013). An Alzheimer’s Society Study conducted by Sharp (2007), gathered comments from the carers working in the institution, reported the importance of effective care home managers in determining the ethos of the care home and building confidence and the necessary skills to work effectively with relatives of the service users. This is suggestive of the fact that not only does an effective manager have positive effects on the institution and the workers directly, but the employees become

more equipped to work with family members outside of the institution. Moreover, effective leadership is crucial to the revolution of care homes. A research project which implemented a person-centred plan of care for people who have dementia in care homes had identified management to be a factor that influences the quality of care (Wilkinson et al., 2009). Committing to management roles and supporting staff members to improve staff development made the staff feel more valued and the carers felt like they were able to easily approach the managers and it made them feel more valued as members of staff. Another review found that the much needed support from the managers of the care home and time dedicated towards training staff members was beneficial when working together with other health care services.

Gibbs's Reflective Model (1988)

Reflection is defined as to "think, meditate or ponder" (Johns, 2009), as it is a philosophical comprehension of how one attains knowledge through experiences. It consists of the process of learning through going through experiences in daily life and is said to be an integral part of the learning journey of undergraduate students and post-graduate students alike (Wain, 2017). Students in the academic environment are encouraged to employ structured models of reflection within their work to show their competence or their ability to reflect on their learning journey and their experiences. Reflection enables students to identify their strengths and plan how they can take their learning to the next step and also to highlight their weaknesses and understand why they are weak in certain subject areas/experiences and how they can overcome these weaknesses. By highlighting these weaknesses, through the reflective journey, they can avoid repeating these weaknesses again. Reflection has supported my learning and has allowed me to improve my professional practice. By taking part in reflective work, it has improved my self-awareness and has allowed me to create a deeper understanding by analysing and evaluating inquiries to inform my assessments and practice.

The reflective model I have chosen to assess what I have learnt in this module is Gibbs's reflective model (1988). The reason why I chose to use Gibbs's reflective model is because it encouraged me to think about the process of my learning and how I did things more systematically. What I like about this reflective process is whichever activity a student takes part in, you have to think systematically, according to the model (Heyer, 2015). This model of reflection is seen as a cyclical model where the outcome of one stage is reliant on the stage previous. This allowed me to work on myself at each stage and build on what I already knew

or had learnt. The cyclical nature of Gibbs's reflective model helps students to build on prior knowledge and understanding they had and develop new skills and knowledge as an outcome for the next stage (Walsh, 2014).

Gibbs's reflective model has six stages and the first stage is the description. This initial stage is where a learner describes the events and discusses what they observed. I found this stage particularly useful when I was putting my PowerPoint presentations together or my group presentations. This was the first stage I referred to because I was remembering what I had been exposed to and I was recording what I already knew about the chosen topic/task. The second part of the reflective cycle refers to feelings. This second stage allows learners to contemplate on the positive and negative aspects of the learning experience. This stage was very beneficial to my learning because I was able to think about my feelings about the topic and I reflected on how I reacted towards it. This stage is the stage that I find very useful because when I came across topics such as the impact of communication on staff and patients, I was able to discuss my feelings about what I already knew about the topic. This third stage of Gibbs's reflective cycle is the evaluation stage. The evaluation stage uses the positive and negative aspects and gets the learner to weigh both sides of the argument.

The final three stages of Gibbs's reflective cycle follow on from the analysis stage. The analysis stage is where I was able to interact with the literature or the thoughts and ideas presented in the previous stages and make my own comments. In this stage, a range of theory is explored and students can engage with the literature on a deeper level. I enjoy this stage because I can compare my thoughts with published literature and research to see how similar the comments are. Following the analysis, the conclusion is where the learner takes the time to summarise the final thoughts and ideas and what has been studied and learnt throughout the previous stages. The conclusion stage is where the analysis and the evaluation are all concluded and the final remarks are made. The conclusion is where all the new findings are summarised and taken into consideration. It is where students can see the whole process of the research finding come to an end and we are able to reflect upon what went right and what could be improved upon next time. Within this model, reflection is implemented and action is what happens or takes places as a result of the process of reflection. The final part of Gibbs's reflective model is the action plan. The action plan stage is seen as a technique to 'formalise' the outcomes from the learner's reflection (McMillan and Weyers, 2013). In my opinion, the action plan phase is where I could think about how I would adapt my actions for the next time to improve my skills and what I would do differently if I

encountered the similar difficulties. For instance, working in a nursery setting, if I were to encounter a scenario where I was trying to calm a problematic child, through the analysis and the identification of what went right and wrong, I would be able to mention this in the action plan stage and make sure I would not repeat the same mistakes if a similar situation were to take place in the future. The action plan stage is essential to the progression of the students' learning journey. The action plan must identify actions to be taken in future because if there are no action points raised, then the reflective cycle has not been a reflective process and the student will not benefit by enhancing their skills and practice.

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