

# Applied Leadership and Management in the Workplace

## Module Assignment Submission

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| Module No:      | BMSK6012                                                       |
| Module Title:   | Developing Innovation and Creativity for<br>Business Advantage |

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## Introduction

This report looks at how Care UK manages innovation, change and workplace culture across its care homes (Care UK, 2025). Creativity and innovation are closely connected, but they are not the same. Creativity involves generating new and useful ideas, while innovation involves developing and putting those ideas into practice. This distinction is important when considering whether an organisation is able not only to introduce innovative ideas, but also to create an environment where employees can contribute to them.

The first part of the report looks at Care UK's ability to innovate using Robert Cooper's Stage-Gate model (Cooper, 1990) and Roy Rothwell's Five Generations of Innovation model (Rothwell, 1994). These models provide different perspectives on innovation, allowing the report to consider both the structured management of change and the importance of integration, communication, and networking. They are then applied to Care UK to assess how effectively the organisation is able to introduce and adapt to new ways of working.

The second part evaluates Care UK's ability to harness creativity and foster a creative culture. Amabile's Componential Theory of Creativity (Amabile, 1997) is used to consider the conditions that allow employees to generate ideas, while de Bono's Six Thinking Hats (De Bono, 1985) is used to examine how different approaches to thinking can support creative problem solving. Schein's Three Levels of Culture model (Schein, 2010) is then used to assess whether Care UK's values are reflected in the behaviours and practices experienced within its care homes. The discussion considers the experiences of different staff groups, including care assistants, kitchen staff, and domestic teams, before bringing the main findings together in the conclusion.

**Using at least two recognised models of innovation, critically examine the ability of the organisation to innovate effectively.**

### Innovation Model One – Cooper's Stage-Gate Framework

A framework that helps explain how an organisation manages innovation is the Stage-Gate model developed by Robert Cooper (Cooper, 1990). His approach describes a structured process for moving an idea towards implementation. The model divides the innovation process into stages and gates. Stages involve activities such as collecting information, developing the idea, and testing its potential, while gates are decision points where managers review the available evidence and decide whether a project should continue, be changed or stopped (Cooper, 1990). This provides organisations with a structured way to manage resources and assess the potential risks associated with new developments. Using a structured approach can have benefits in sectors where changes may affect safety and quality. It gives the

innovation process greater structure, makes responsibilities more defined, and can prevent resources being committed to ideas that are unlikely to succeed. However, (Sethi & Iqbal, 2008) argue that rigorous Stage-Gate controls can increase inflexibility and restrict learning during innovation projects. This suggests that if decision making becomes too focused on formal approval, organisations may find it harder to respond to problems or adapt an idea as new information becomes available.

When considering Care UK, the Stage-Gate model provides a useful way of examining how the organisation could manage large technological changes, such as the move towards digital care records. Digital social care records are now widely used across the sector, with government data showing that adoption among CQC-registered providers increased from 41% in December 2021 to 80% in July 2025 (Department of Health and Social Care, 2026). For Care UK, a structured process could therefore help managers consider factors such as cost, data protection, staff training, and resident safety before introducing a new system more widely. At the same time, an overly formal process could make it harder to respond quickly to practical problems identified by employees during implementation.

### Innovation Model Two- Five Generations of Innovation

An alternative framework for examining how an organisation manages innovation is Roy Rothwell's Five Generations of Innovation model (Rothwell, 1994). Rothwell explained that approaches to innovation have developed through different generations over time. The first-generation model, Technology Push, viewed innovation as beginning with scientific or technological development, which was then introduced to the market. The second-generation model, Market Pull, started with an identified customer or market need and developed innovations in response to it. Later generations become focused on interaction and integration. Rothwell's fifth generation model, Systems Integration and Networking, therefore, places greater emphasis on collaboration, information sharing and links between different teams and organisations (Rothwell, 1994).

Applying Rothwell's framework to Care UK provides a way of examining how organisations use digital technology to support communication and coordination across its care homes. Care UK reported that its Loop communication and rostering app was successfully piloted before being rolled out more widely, with colleague feedback informing its development (Care UK, 2024). At the beginning, this type of project could have elements of a Technology Push approach, where senior management introduces new technology into the organisation. However, the implementation of digital systems can also show some characteristics of Rothwell's fifth generation approach, where different staff groups use shared digital systems, this can support information sharing between departments and help staff coordinate daily tasks. Government research shows that digital care records are now used by the majority of CQC-registered providers in England, suggesting that digital

integration is becoming increasingly important within the sector (Department of Health and Social Care, 2025).

Despite this, Rothwell's fifth-generation model has limitations when applied to a highly regulated care environment. The model places considerable importance on integration and networking, but organisations may not always be able to remove well defined boundaries between different areas of work. (Hobday, 2005) argues that innovation does not always follow a single model and that different organisations may require different approaches depending on their circumstances. Research by (Waring & Bishop, 2010) also demonstrates the importance of professional boundaries and responsibilities within healthcare settings. Although Rothwell's emphasis on integration and networking can support innovation, it may be difficult to apply fully in care environments where different roles and responsibilities need to be maintained to protect vulnerable residents.

The difficulty can also be seen in the pressures faced by care staff. Government research found that workload, stress, and burnout affect social care workforce, while providers have also reported difficulties introducing new working practices and technologies (Department of Health and Social Care, 2025). When employees are focused on completing their main duties and following safety procedures, they may not have time left over to learn new systems, share information with other teams, or take part in improvement activities. This could restrict the networking and collaboration associated with Rothwell's fifth-generation model, even when suitable technology is available. This suggests that Care UK may have the resources to innovation, but the pressures of everyday care work can make it difficult to achieve consistently in practice.

### Critical Examination of Care UK's Ability to Innovate

Looking at both Cooper's Stage-Gate model and Rothwell's Five Generations of Innovation model, Care UK appears to have several strengths when managing major changes. As a large organisation, it has access to the resources and management structures needed to introduce new technology across its care homes, as shown by the rollout of its Loop communication and rostering app (Care UK, 2024). Structured training and support can also help staff adjust to changes and gives the organisation a way of making sure new systems are introduced safely. This is especially important in social care, where changes can affect the quality and safety of services provided to residents. From a Stage-Gate perspective, having a structured process can help Care UK assess areas such as cost, risk, and staff training before a new system is brought in (Cooper, 1990).

The two models also reveal a possible weakness in how innovation is experienced by staff. Cooper's model provides a structured process for managing change, while Rothwell's fifth-generation model places greater emphasis on integration, networking, and the sharing of information between different parts of the organisation (Cooper, 1990) (Rothwell, 1994). If decisions about new systems are mainly made at

senior management level, there is a risk that practical problems experienced by staff may not be identified until the change is already being made. This could create a gap between what appears workable when a new idea is planned and what is actually practical during a busy working day. A well-planned innovation could therefore still face difficulties if the people using it every day have minimal opportunities to contribute to its development and implementation.

Staffing pressures are another factor that may affect Care UK's ability to innovate effectively. Employees working in care homes have daily responsibilities to complete, and workload pressures can make it difficult to find time for extra training, meetings, or new working practices (Department of Health and Social Care, 2025). This creates a challenge for Care UK, as successful innovation requires employees to have enough capacity to engage with new ideas and ways of working. Even where the organisation has the resources and processes needed to introduce change, staff pressures may affect how successfully those changes are adopted in practice. Care UK's ability to innovate is therefore influenced not only by its management systems, but also by the working conditions experienced by employees.

## Evaluate an organisations' ability to harness creativity and foster a creative culture in the workplace.

### Evaluating Care UK's Ability to Harness Creativity

To evaluate how effectively Care UK captures these ideas at an operational level, we can use the Componential Theory of Creativity developed by Teresa Amabile (Amabile, 1997). Amabile argued that for employees to be creative in their job roles, three core elements need to come together. These are domain-relevant skills, which means practical knowledge and technical expertise a person has about their specific work. Then there are creativity-relevant processes, which involve the ability to think flexibly and look at a problem from a different angle. Lastly, there is task motivation, particularly intrinsic motivation, which is the inner drive to do a job well because you genuinely care about it rather than simply working for a pay cheque. Amabile also points out that even when staff have the practical skills and personal motivation to do a good job, the extended workplace environment, such as whether managers are supportive and whether there is enough time during a shift, can either encourage or limit creativity.

In a care home setting, support staff have a fair amount of these domain level skills and practical knowledge that managers may not always see. Through working in the care home shift after shift, staff understand the details of the care homes daily routines. They know how these routines affect residents, how easily communication between teams can break down and how important a calm and organised environment must be for residents living with dementia. This hands-on experience puts staff in a good position to use their creativity to improve the service and protect residents' dignity. For example, a carer might think of a better way to organise the

lounge area or develop a simple visual communication system that helps different teams share updates, making the daily routine easier to manage.

To critically examine this, it is also important to consider the argument that individual motivation alone does not fully explain workplace creativity. (Woodman, Sawyer, & Griffin, 1993) argue that creativity is influenced by more than an individual's motivation or support from a manager. It can also be affected by social relationships and the overall workplace environment. In a care facility, there can be differences in status between management and support staff. As (Jones & Kelly, 2014) notes, support teams can experience lower levels of employee voice due to their perceived position within an organisation. This means that even if a support worker has good skills and is motivated to suggest an idea, there is no guarantee that their idea will be heard or acted upon. This highlights a limitation of focusing mainly on the individual, as the workplace environment can have a strong influence on whether creativity is actually encouraged.

When we evaluate Care UK's ability to harness and channel creativity, a gap may appear between formal ways of collecting ideas and the reality of a busy shift. Care UK states that colleagues help the organisation to innovate and improve through regular meetings, forums, and surveys, while its "Over to You" engagement survey gives employees an opportunity to provide feedback and share new ideas (Care UK, 2023). These approaches suggest that Care UK has mechanisms for involving employees in improvement. However, having systems for collecting data does not necessarily mean that every employee has enough time or opportunity to use them. This raises an important question about whether formal feedback systems are enough, or whether staff also need time and support to contribute their ideas.

Another recognised model that helps explain how an organisation can encourage new ideas is Edward de Bono's Six Thinking Hats Framework (De Bono, 1985). De Bono claims that when teams try to solve workplace problems, they can become stuck because everyone approaches the problem in the same way. His model uses six coloured "hats" with each hat representing a different style of thinking. For example, the White Hat focuses on facts and information, the Black Hat considers caution and potential risks, the Yellow Hat looks at positive benefits, and the Green Hat encourages creativity and fresh ideas. De Bono suggests that by switching between these different ways of thinking, teams can look at a problem from several viewpoints and find solutions that might be missed (De Bono, 1985).

In a care home setting, a tool like the Six Thinking Hats could be useful when dealing with everyday problems. For example, if a home were experiencing communication difficulties between different teams, staff could be brought together for a short problem-solving discussion using de Bono's approach. The White Hat could be used to look at the facts around when and where communication is being missed, before moving to the Green Hat to consider possible solutions, such as clearer visual schedules or short team check ins. Research by (Göçmen, 2019) found that the

Green Hat could support the generation of more unique ideas during brainstorming, providing some evidence that the technique can encourage creative thinking.

At the same time, the realities of working in a care home show why using a creative tool such as Six Thinking Hats may not always be easy. Care UK works within a sector where resident safety, CQC requirements and health and safety procedures are important parts of everyday work. This means that when problems arise, managers may naturally focus on identifying risks and making sure procedures are followed, which is similar to the Black Hat. Staff may also have limited opportunities to take part in formal problem-solving discussions when workload pressures make it difficult to step away from their usual duties. There is also a limitation to de Bono's model because giving people different ways of thinking does not necessarily mean that everyone has an equal opportunity to influence the final decision. Research into employee voice in healthcare shows that hierarchy and leadership can affect whether employees feel able to speak up and whether their views are acted upon (Jolly & Lee, 2021). In a care setting, a support worker may be encouraged to suggest a creative idea, but managers still have responsibility for deciding whether that idea can be used. If concerns about safety or existing procedures take priority, an idea may not be taken forward even if it could improve the way something is done. This suggests de Bono's model can encourage creative thinking, but it cannot by itself remove the organisational barriers that can affect whose ideas are heard and acted upon.

### Evaluating Care UK's Ability to Foster a Creative Culture

To understand how an organisation keeps new ideas alive over a long period, it is useful to look at its workplace culture. Edgar Schein's Three Levels of Culture model can help explain this (Schein, 2010). Schein describes culture through three levels: Artifacts, Espoused Values and Underlying Assumptions. Artifacts are the visible parts of an organisation, such as buildings, uniforms, and other things that employees and visitors can see. Espoused Values are the official values and aims that an organisation says it believes in, while Underlying Assumptions are the deeper, often unwritten beliefs that influence how people behave. Schein's model suggests that there can be a difference between what an organisation says it values and what employees actually experience in their everyday work.

When we look at Care UK through Schein's model, there appears to be a difference between the values presented by the organisation and the pressures experienced by staff. Care UK promotes values including "Caring, Passionate and Teamwork" (Care UK, 2023). These values suggest that working together and supporting others are important to the organisation. However, staff working in a care home also have to deal with safety requirements, inspections, and the need to complete essential tasks correctly. This can create a culture where following procedures and avoiding mistakes becomes priority. Staff may then become more focused on completing what is expected of them rather than suggesting different ways of doing things. Schein's models can also be criticised because it can give the impression that an

organisation has one shared culture. (Martin, 2010) argues that organisations can contain different subcultures, with groups developing their own beliefs and ways of working. This is relevant to Care UK because the experiences of senior management may be different from those of the staff working directly with residents. Other teams within a care home may also have their own priorities and ways of working. This means that it may be too simple to describe Care UK's culture as one single set of shared assumptions. The culture experienced by a member of the domestic team, for example may not be exactly the same as the culture experienced by a care assistant or manager.

This difference in experience also links to the idea of psychological safety (Edmondson, 1999). Psychological safety refers to whether people feel able to speak up, ask questions or suggest changes without worrying that they will be blamed or embarrassed. This is particularly relevant to creativity because employees are less likely to offer new ideas if they feel that speaking up could lead to a negative response. In a busy care home, staff may sometimes keep ideas to themselves because they are unsure whether management will be interested in their suggestions or whether the idea could be seen as interfering with established ways of working. This could affect staff from different teams. Including hospitality, catering, and domestic services, who may have useful ideas based on their own experience of the home.

Looking at Care UK's ability to foster a creative culture suggests that having positive values on paper is not necessarily enough. Values such as teamwork can support creativity, but they need to be reflected in everyday behaviour. Staff also need to feel their views are welcome and that there is a genuine opportunity for useful ideas to be discussed. If employees feel that the safest option is simply to follow existing procedures and keep their concerns to themselves, the organisation may miss ideas that could improve everyday working practices. This shows that creating a more positive environment for creativity is not only about encouraging people to have ideas, but also about creating a workplace where they feel comfortable enough to share them.

## Conclusion

In conclusion, Care UK appears capable of managing and introducing large scale changes, particularly where there is a clear structure, sufficient resources, and strong management support. Cooper's Stage-Gate model shows how a structured process can help the organisation assess areas such as cost, risk and implementation before new systems are introduced (Cooper, 1990). Rothwell's model, however, suggests that successful innovation also depends on integration across different parts of the organisation (Rothwell, 1994). This creates a potential weakness for Care UK, as staff pressures and limited opportunities to contribute may make it more difficult to ensure that new ideas work effectively in everyday practice.

The second part of the report shows that creativity is also affected by the environment in which employees work. Amabile's theory demonstrates that the importance of skills, creative thinking, and motivation, while also recognising the effect that workplace conditions can have on creativity (Amabile, 1997). De Bono's Six Thinking Hats provides a structured way for teams to approach problems from different perspectives and generate possible solutions (De Bono, 1985). However, time pressures and the demands of daily care can make it hard for staff to take part in creative problem solving. Schein's model also suggests that there may be a difference between an organisation's stated values and the behaviours experienced by employees (Schein, 2010). This links to Edmondson's concept of psychological safety, as employees are more likely to share ideas and raise concerns when they feel able to speak openly without fear of negative consequences (Edmondson, 1999).

Overall, Care UK has the resources and structures needed to introduce significant changes, but its ability to make full use of employee creativity appears more limited. Providing staff with greater opportunities to contribute ideas, involving different teams in decisions, and creating an environment where employees feel comfortable speaking up could help Care UK turn knowledge and experience of its workforce into practical improvements.

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