

Identify a workplace task and prepare a plan to address this, justifying your decisions and considering any challenges that may occur.

This essay will discuss the planning and implementation of a cleaning schedule in the new supported living setting recently opened by the healthcare organisation. Looking at why this cleaning schedule is important to the setting, the staff and the service users residing at the setting, within an engaging and supportive environment that ensures all are involved. Taking into consideration the challenges that a small staff team and lone working can present as well as the need to borrow staff from other homes, a plan of implementation and monitoring can be formatted. The healthcare organisation being considered supports a range of individuals with differing mental health issues, focusing on those with cognitive impairment and challenging behaviours. The emphasis is on these individuals living within a homely environment which is tailored to their specific need across a range of different settings, including nursing, residential, domiciliary care and those living independently in their own homes. The main setting discussed supports individuals with both acquired and traumatic brain injury to live independently in an apartment building.

The healthcare organisation has recently opened a new service, supporting a range of individuals with traumatic or acquired brain injury and differing mental health issues to live independently within a communal living environment. The service users are supported by staff to maintain an independent lifestyle where the ethos of active support is paramount to the individual's well-being. As this setting is brand new and in pristine condition it is an ideal opportunity to implement a robust cleaning schedule to ensure the current standards are maintained as well as expectations are set for both staff and the individuals being supported. However, it is not just about formulating and implementing a plan, consistent monitoring and quality assurance is needed for the plan to be effective. As the service changes with further incoming residents and any changes in individual's needs the plan will also need to be adapted to fit around these.

It is important that the team leader puts recent learning on leadership skills into practice, therefore will utilise Tannenbaum and Schmidt's leadership continuum (1958). The initial step is to involve the staff team in deciding what tasks will need doing, which ones they feel are appropriate for the service user, and that they could

realistically manage either independently or with support, and to then look at what tasks this will leave the staff team to have responsibility for. Further consideration will need to be given to the time available for these tasks to be carried out, as the ethos of the setting is to involve the service users in Activities of Daily Living as much as possible, these tasks will need to be fitted in around shopping, appointments and leisure activities and any unplanned activities that may occur. However, it is important the staff team understand these tasks should be carried out daily, being fitted in around other activities and not put aside. At this point the team leader will need to consider what tasks to delegate and to whom.

As the schedule includes small and large tasks the staff team will need to decide how to divide the activities between the day and night shifts, and as the current service user sleeps well and needs little support through the night it is apparent the larger tasks, such as cleaning windows and dusting skirting boards, can be carried out during the night shift with minimal disruption to the service provided. As most of these tasks included moving furniture and cleaning communal areas of the setting the staff team will need to be agreeable to the concept that these tasks will be easier to do when those areas were empty. This will leave the general day to day cleaning tasks, such as hoovering and dusting for the day staff and service user to complete.

As well as keeping the current standards of cleanliness at the setting maintained, the healthcare organisation has a reputation within the healthcare industry for its high standards and a level of excellence is expected by the Local Health Boards and CSSIW. Therefore, it is essential that any unused rooms are not left unattended, and are added into the schedule also. At present the service needs to encourage new business, and there is always the prospect of a viewing, they are not always organised in advance. While this adds tasks to the daily routine, it also means that the rooms are ready to be viewed by any prospective service users. This eliminates the need for a cleaning spree before any planned visits and the staff team can show visitors around with confidence that the setting is meeting the organisations expected standards.

The team leader plans to use the Eisenhower matrix to confirm the decisions made and to show the staff team how their decisions translate into the reality of implementing

the task. The Eisenhower matrix provides a clear framework for making decisions (McKay, 2016) and will assist with consistency in decision making. By using the Eisenhower matrix, the staff team will be able to see why certain jobs are done at the intervals they are, therefore they will be less likely to avoid these tasks. (1)

In order to ensure the plan is followed it is necessary for the team leader to devise a document that will set out the responsibilities of the staff team on each shift. This includes the daily and nightly tasks due, who is responsible for each and an area for the staff to sign on completion of the tasks. This will enable the staff team to work together to complete all the necessary tasks assigned to each day, and give the team leader a form of monitoring the tasks being done, the staff teams engagement with the plan and its effectiveness. This document will also form part of the daily handover so the plan will be communicated to staff covering from other homes, and the staff on each shift will be able to hand on what had been done and what was left to do. In effect it provides the basis for the quality assurance monitoring. The use of RAG reporting will give the team leader to monitor the performance of the staff team and how well the tasks are being done. This will be done weekly, and feedback given to the team, therefore a job well done will be praised and any improvements needed can be looked at. (2)

In amongst the basic plan of when and how these tasks will be done, other tasks need identifying in order for the proposed schedule to run smoothly. The team leader will need to consider how staff should involve the individual living in the setting and maintaining the supply of cleaning products. Therefore, delegating to each of these to a staff member will alleviate pressure on the team leader, as well as provide learning opportunities for the team members. In order to engage the individual living in the setting and for staff to be able to support them consistently, detailed support plans would need to be written. Naturally this will fall under the role of the individual's key-worker, another staff member can then be allocated the responsibility for stock checking the cleaning products and preparing an order on a weekly basis. Having only one person responsible for this there is less likely to be any crossover of stock checking or duplicate orders leading to over stocking. Implementing a RACI chart will

enable the team leader to keep track of who is responsible for what task, as well as providing information for the staff team.

While the plan appears to be robust enough there will always be challenges to overcome. Currently having only one individual living at the setting means the staffing level needs to be low, therefore the staff are working alone, having the responsibility for supporting the service user and completing all other daily tasks, such as the cleaning, shopping, making or attending appointments. There is the prospect of staff handing tasks on to those taking over on the next shift claiming they had not had time to complete the scheduled cleaning. This will need to be monitored closely, using the sign off document the team leader will be able to check which staff had done what tasks on each day. If it is noticed that a particular member of staff is not completing delegated on their shifts, then this can be addressed with them in a number of ways. Initially an informal discussion covering the reasons why they are not completing these tasks, if there are any difficulties they are having managing the workload of the shift. The team leader will be looking to provide mentoring in order to illicit improvements in the staff member's performance and praising them at the earliest possible opportunity to maintain their morale and for them to see the work is appreciated. However, If the lack of effort then persists the use of formal supervision and goal setting within this can be utilised as a supportive coaching tool to impress the importance of sharing these tasks amongst the staff team and as a reminder of the expectations of their job role. As well as how their role as part of the staff team has an effect on others, especially the negative effect their actions may have.

At present the staff team are able to cover most of the hours necessary, however there is a shortfall and this is covered by staff from another home within the healthcare organisation's group. While the plan can be communicated through daily handover, a disadvantage of the current staffing arrangement is that the cover staff might not be handed over to by a regular member of staff, therefore the concern that the plan is communicated effectively or followed will arise, especially as every home has different needs, routines and methods of working. Although there is also a written handover book containing details of the cleaning schedule, essentially the team leader is trusting

the cover staff to use their initiative, and read back to the point where the schedule is covered. To eliminate this risk, it is the responsibility of the team leader to either ensure the cover staff are likely to take over from a member of the regular staff team or to leave them detailed handover in the written handover book, and also prepare any paperwork they need to fill in and leave this with the handover. This could provide an opportunity for the team leader to mentor a confident member of the team or to coach a lesser experienced team member in providing adequate handovers. While this may seem to the covering staff member a bit controlling, it is a measure put in place to ensure the smooth running of the service while a staff member who is unfamiliar with the setting is working alone.

There is also the possibility that the service user will be reluctant to engage with the activities planned. The key-worker's responsibility to produce vigorous support plans for all staff to follow. This should ensure consistency across the way all staff support the service user to engage in the activities of daily living set out in the schedule. This is another point the team leader will have to monitor regularly, which can be done by reading the daily notes and chatting with the staff and service user about their day. Staff will need to be encouraged to document what tasks they have engaged the service user in over the course of the shift to ensure this information is available. While staff are able to write very comprehensive and concise notes, often these activities are considered part of daily life and are omitted from daily recordings as staff can feel they are insignificant. The team leader will need to explain the importance of recording these activities daily, though this would logically be part of the initial discussions, staff may need reminding occasionally for the reason behind the support plans.

In conclusion the implementation of a robust cleaning schedule to maintain the current high standards of not only the newly opened setting, but that of the healthcare organisation's reputation within the industry, became an essential part of team leader's program of initial setup actions. Considering the best way to involve the staff team so as not to appear the autocrat was paramount to creating an effective starting point for the staff team to understand the leadership style of the team leader. This also set out the expectation the team leader will have in regards to the staff teams input into both their role and the smooth running of the service. This would also set the tone for the

leader-follower relationship being built. Another consideration was how to engage the service user in tasks to complete the schedule on a daily basis, assigning the responsibility of writing the support plans to the individual's key-worker included the staff member in an area of the planning and control of the schedule, encouraging them to fulfil their role effectively. Similarly allocating responsibility for the maintenance of cleaning stock levels to another staff member expressed an element of trust giving the staff member control of their own actions therefore encouraging the team leader's vision of accountability. When planning the implementation of the cleaning schedule, the team leader also had to consider the challenges each part of the plan would raise. This meant contemplating how to ensure effective communication between a small staff team that would be working alone, and with staff covering from other homes that are likely to have different routines and methods of working. Deciding on a clear way of communicating between staff was essential to the cleaning schedule's effectiveness. The use of documentation to show staff exactly what was expected of them and to handover any information they feel confident to complete their job role. Ensuring the plan is put into place and used appropriately relies on monitoring and quality control, but most importantly the effective communication both from the team leader and between the staff team.

appendix

1. Eisenhower matrix for cleaning schedule

	Urgent	Not urgent
Important	Hoover lounge Clean baths after use Clean communal toilets Check dates on food in fridge	Mop hard floors Clean communal bathrooms Clean fridge shelves Clean windows Dust blinds Dust door frames and skirting boards Deep clean unused bedrooms
Not important	Check unused bedrooms Remove cobwebs	Check and restock PPE, toilet roll and hand towels Put out bins and recycling

2. RAG reporting table for cleaning schedule

<u>tasks</u>	<u>Status</u> <u>Red, Amber, Green</u>	<u>Improvements needed</u>
Hoover lounge		
Check dates in fridge		
Clean baths after use		
Clean communal toilets		
Checking unused bedrooms		
Remove cobwebs		
Clean fridge shelves		
Check and restock PPE and toilet rolls		
Checking unused bedrooms		
Remove cobwebs		
Clean fridge shelves		
Check and restock PPE and toilet rolls		

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Reflect on how you approach motivating your team to engage with a workplace task, and how this influences the team dynamic. Consider this within the context of theories of motivation and team development.

This essay will discuss the motivational needs of both individual staff members within a team and the team as a whole, looking at Herzberg's (2011) hygiene and motivator factors and Tolman's (1930) expectancy theory, considering how they can influence the team's productivity. Relating the individuals needs to Maslow's hierarchy of needs and the use of McGregor's X-Y (1960) management strategy will aid the team leader to use appropriate motivational tools to develop the team into a performing team (Tuckman, 1965). Understanding the basic conditions of a functioning team, the different roles individuals play within that team as well as how to plan and delegate tasks appropriately, will show the importance of knowing the individuals and what motivates them in order for the team leader to become a supportive and effective leader and to enable the team leader to implement a workplace task. The healthcare organisation being considered supports a range of individuals with differing mental health issues, focusing on those with cognitive impairment and challenging behaviours. The emphasis is on these individuals living within a homely environment which is tailored to their specific need across a range of different settings, including nursing, residential, domiciliary care and those living independently in their own homes. The main setting discussed supports individuals with both acquired and traumatic brain injury to live independently within a communal home. The team leader needs to implement workplace tasks regularly; this essay considers how the team leader motivates the staff to engage with implementing a cleaning routine in order to keep the newly opened service in its current pristine condition.

The aim of the team leader is to develop a group of individuals that work together into a team with a shared belief in their capability of success. This collective efficacy is influenced by the leader's optimism, realistic goal setting, assisting the team with overcoming obstacles and celebrating progress (Yukl, 2002). The team needs a leader that is not only someone they can believe in but someone who is there with them, participating in the task and understanding it from their point of view also. The team leader understands that employees given the opportunity to play a role in the decision making process and goal setting are more likely to feel motivated in the task at hand as they feel they are valued.

(Frederick Herzberg, 2011). Herzberg's theory of motivation claims that individuals are motivated by their need for achievement, recognition, responsibility and advancement over the hygiene factors such as working conditions, salary, company policy and interpersonal relations. This is proved through the Hawthorn experiment, when employee's performance improved regardless of the negative changes made to their working conditions, it was the fact that someone was actually concerned about their work place, and the opportunities this gave them to discuss changes before they took place (Economist, 2008).

When planning and implementing a task in the healthcare setting this is a necessary aim of the team, the shared goal is to improve the quality of life for the service users living in the setting, therefore, as an effective team leader, involving the team in the decision making process highlights their importance not only to the team leader but to the service users also. The collective efficacy of the team is enhanced as the team leader is able to listen objectively and utilise pertinent ideas and opinions when setting goals for the team and the service user. This lead the team leader to understand that holding team meetings allows staff the opportunity to present options and opinions as well as air views on what is and isn't working is a useful motivational tool. The staff team feel listened to, as the team leader it is important to assess their suggestions and get feedback on the tasks delegated in order to improve on not only the task in hand but also the team dynamics.

In contrast Edward Tolman (1930) believed that the motivation for team members to work hard was the achievement of personal valued goals, therefore team members remain individuals as they are working towards their own goal and not the shared goal of the team. The importance is placed on what the individual believes is a valued reward to them. If the reward is not something they value, the team member is less likely to put in as much effort as another, however Tolman's expectancy theory also claims that the team member expects reward for a particular course of action, meaning the motivation factor is not performance based. This inevitably leads to conflict and a team that are unable to work in harmony. The team should be able to reflect on how it supports its members as well as the social and emotional climate of the team in order to work effectively, but with differing individual goals the team leader is less likely to be able to find ways of working or social functioning that will promote effective working practices (West, 2012). In the healthcare setting it is vital that the social and emotional climate of the team be harmonious as any imbalance will

be noticed by the service users and effect not only the service they receive but can have a negative effect on their behaviour, making working conditions more difficult. This in effect creates cycle of unconstructiveness that could eventually lead to team breakdown.

It is important, however, that the team leader is able to recognise that a person's level of motivation can change, and is time or situation specific (Walton, 2008). Maslow's hierarchy of needs (1942) can be an important tool for the team leader to offer support and guidance, or direction when needed. Maslow's theory is based around the team leader understanding where each team member is on the hierarchy at any given point in time, this in itself can be motivating factor for the team members, as having a team leader who is paying attention to them and their needs overlaps with Herzberg's hygiene and motivator factors theory. While the team may continue to function effectively, individual team members may regress to lower levels of the hierarchy during times of difficulty, either work related or in their personal lives (Walton, 2008), therefore the team leader can take this opportunity to provide the relevant coaching or mentoring and support at this point. In the healthcare setting ensuring adequate support is vital to the mental well-being of the team members, in order that they are able to manage the everyday stresses of the demanding nature of their job role, and for team members to engage fully with any task being implemented in the workplace. The healthcare organisation is governed by Care and social Services Inspectorate of Wales minimum standards that include a programme of supervisions carried out at eight weekly intervals. As a team leader these can be used effectively to motivate individual staff members, as spending time with them to understand what they need from their job role in relation to personal satisfaction, will give the team leader an insight into the sort of tasks to delegate that will improve the team member's knowledge, skills and self-esteem.

Motivating the team members to function as a performing team takes time, Tuckman's theory of team development (1965) indicates a team goes through four stages of development, and the team leader will need to be able to identify at which stage the team is at in order to apply motivating factors and the appropriate level of direction or support. As the team working in the newly opened healthcare setting have previous experience working in some of the healthcare organisations other settings as well as with each other they were able to start the team development at the storming stage. An understanding of the team

member's role and responsibilities was already present, however the team leader found there was a need for further coaching to develop the skills and knowledge of the team members who had previously worked in larger settings where the responsibilities were lower and the level of support was higher. Using stakeholder analysis, the team leader was able to meet the basic conditions of a functioning team. When planning the task, the team leader needed to put into practice recent learning on leadership theories, so could see the need for transformational leadership focused on the stakeholders, allowing the team members the opportunity to grow and learn (West, 2012).

Recognising the differing abilities and needs of the team members, the team leader was able to consider each member's role within the team in relation to team roles (Honey, 2001), therefore the delegation of tasks to individuals was centred around their current skills or knowledge and learning goals planned in their eight weekly supervisions. Yukl claims that team performance is higher when the team members have the skills and knowledge to do the work, understand what to do and when it must be done, however he also states that team performance is not only motivation and skills but how the team is organised. Understanding the roles each team member has within the team allowed the team leader to design work roles and assign tasks that both harness and individuals skills and knowledge as well as provide coaching or mentoring opportunities to enhance the efficiency of the team. The X-Y management theory (McGregor, 1960) differentiates between a team leader who is able to push or pull the team and its individual members through the workplace tasks. Using the X-Y theory questionnaire the team leader could see the strong Y influence in their leadership style, this questionnaire also allowed the team leader to consider how each team member prefers to be managed. Combining this result with that of Honey's Influencing style questionnaire gave the team leader and insight into how to get the best from each team member, therefore this was then a consideration when delegating tasks as "effective design of work tasks and assignment of people leads to a more efficient team" (Yukl, 2012).

When planning the implementation of a robust cleaning schedule, it is important that the team leader put recent learning on leadership skills into practice, therefore the initial step is to involve the staff team in deciding what tasks they felt are appropriate for the service user could realistically manage independently and with support, and to then look at what tasks this left for the staff team to have responsibility for. Further consideration needed to be

given to the time available for these tasks to be carried out, as the ethos of the setting is to involve the service users in Activities of Daily Living as much as possible, these tasks would need to be fitted in around shopping, appointments and leisure activities and any unplanned activities that may occur. However, it was important the staff team understood these tasks should be carried out daily, being fitted in around other activities and not put aside.

Considering the Psychological motivational theories of Maslow and Herzberg gave the team leader a good understanding of how motivation to perform is different to the behavioural motivation perceived in Tolman's expectancy theory and the understanding that recognition and achievement can be a better motivating factor than a reward with monetary value. When this was looked at in relation to Belbin's team roles, Honey's influencing style and McGregor's X-Y management theory the team leader was able to put motivational and team work strategies in place. These included appropriate use of delegation to both utilise current skills and knowledge and give each team member a learning opportunity. This has then allowed the team leader to recognise certain aspects of individual team member's personality and working styles in order to use coaching and mentoring techniques as required. As the team members that opened the setting all had experience of working within the healthcare organisation as well as with each other the team dynamic appeared to start at Tuckman's norming stage, this has given the team leader the opportunity to foster the positive attitudes bought by the team and reward team members with added responsibilities, such as being a key worker, or taking on the responsibility of a task outside of their normal role, such as the quarterly newsletter.

In conclusion the team leader has discovered that while it is important that the team be motivated by a shared goal in order to work together effectively, it is just as important to understand the individuals needs in regards to personal motivation, preferred management style and need for support or direction in order to support them as a performing member of the team and for the team to function effectively. When developing the team, looking at how individual team member's role functions as part of the whole will give the team leader the knowledge of when and how to use coaching or mentoring techniques to assist with their professional development. Motivating a team and individuals does not have to be

about providing a reward at the end of the task, understanding enough about both the individuals and the team as a whole will give the team leader the skills to lead an effective and functioning team, that produces high levels of performance.

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