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Module Code: LCHS4001

Module: Academic and Employability Skills

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Assignment: Practical Portfolio of Work - Task 3 Written Report

Submitted on: 21 August 2026

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1.1 Introduction

Health and social care services require effective and accountable management to protect residents, support staff and maintain reliable standards. A care home manager coordinates the people, systems and resources needed to provide safe, person-centred care. This report first describes the manager's main duties and responsibilities. It then explains leadership and team management, communication, and decision-making and risk management as three essential skills, including the consequences of weakness in these areas. Finally, it examines a specific development strategy for each skill before summarising their contribution to high-quality care.

2 Care Home Manager in the Health and Social Care Field

2.1 Description of a Care Home Manager in Health and Social Care

A care home manager has overall responsibility for the quality and organisation of a residential service. The manager must ensure that residents receive compassionate, person-centred support while the home complies with legislation, organisational policies and regulatory standards. Where the manager is registered with the Care Quality Commission, Regulation 7 requires suitable qualifications, competence, skills and experience to manage the regulated activity (Care Quality Commission, n.d.). Skills for Care also places managers at the centre of creating a culture in which residents retain choice, dignity and control over their support (Skills for Care, 2023).

Daily responsibilities include recruiting suitable workers, arranging safe staffing levels and rotas, supervising performance and identifying training needs. The manager oversees care plans, medication systems, safeguarding referrals, incident investigations, complaints, infection control, record keeping and quality audits. Resources and budgets must be monitored without allowing financial pressures to reduce safety or dignity. The role also involves communicating with residents, relatives, staff, commissioners, healthcare professionals and inspectors. Government guidance requires safeguarding organisations to understand their responsibilities and work together to prevent abuse and neglect (Department of Health and Social Care, 2025). These duties make the manager accountable for turning legal requirements and organisational values into consistent everyday practice.

2.2 Explanation of the Most Significant Skills Needed for a Care Home Manager

Leadership and team management are essential because the standard of care depends heavily on how staff are directed, supported and held accountable. An effective manager establishes clear expectations, models respectful conduct, allocates work fairly and responds to poor performance before it affects residents. For example, repeated omissions

in repositioning records require more than a reminder: the manager should examine staffing and knowledge, supervise practice, set measurable improvements and review compliance. Skills for Care identifies leadership, team development, supervision and performance management as central areas of manager competence (Skills for Care, 2023). Strong leadership therefore connects individual staff behaviour with a safe and person-centred organisational culture.

Communication is essential because a care home manager must obtain accurate information, explain decisions and maintain trust among people with different needs and authority. This includes active listening, accessible language, professional records, confidential information sharing and confident conversations about complaints or performance. For example, when a relative reports unexplained bruising, the manager must listen without defensiveness, establish immediate safety, explain the safeguarding process and share relevant facts with external professionals. Government guidance stresses clear roles, inter-agency communication and appropriate information sharing in safeguarding work (Department of Health and Social Care, 2025). Effective communication enables concerns to become coordinated action rather than misunderstanding or delay.

Decision-making and risk management are equally important because managers regularly balance residents' choices, available resources, legal duties and potential harm. Sound decisions use evidence from care plans, risk assessments, staffing information, professional advice and the resident's wishes rather than assumption or convenience. If a resident with dementia wishes to walk independently, for example, the manager should avoid an automatic restriction and instead coordinate proportionate controls, review capacity and involve the resident and family. HSE guidance states that care risk assessments should protect safety while respecting needs, freedom and dignity (Health and Safety Executive, 2024). Reasoned decisions therefore support positive risk-taking while preventing avoidable harm.

Weakness across these skills can combine into serious service failure. A manager who gives unclear instructions, avoids challenging unsafe practice and makes hurried decisions may leave shifts understaffed or incidents uninvestigated. Staff can then receive inconsistent messages, relatives may lose confidence and residents may experience neglect, medication errors or delayed treatment. Poor records and escalation may also prevent commissioners or regulators from seeing a developing pattern. Because a manager influences systems as well as individual interactions, one unresolved weakness can affect many residents and workers. Leadership, communication and decision-making must therefore operate together as core safeguards for quality, accountability and organisational learning.

3 Strategies for Skill Improvement for a Care Home Manager

3.1 Three Strategies to Improve the Skills of a Care Home Manager

Leadership and team-management skills can be improved through structured coaching combined with 360-degree feedback. At the beginning of a four-month programme, the manager would obtain confidential feedback from a senior manager, colleagues and staff, then agree two observable goals with a trained coach. Goals might include delegating more clearly and addressing performance concerns promptly. Monthly coaching sessions would examine real situations, rehearse alternative responses and review evidence such as supervision records, staff feedback and completed actions. A mixed-methods systematic review found that well-designed coaching can develop healthcare managers' leadership at manager, staff and organisational levels (Hu et al., 2024). Repeating the feedback at the end would show whether behaviour had changed and identify the next development priority. The coaching record would also provide evidence of continuing professional development during appraisal and inspection.

Communication can be developed through recorded role-play followed by structured feedback. The manager could practise three care-home conversations: responding to a relative's complaint, receiving a safeguarding disclosure and challenging a worker whose records are incomplete. A supervisor would assess listening, clarity, empathy, confidentiality, explanation of next steps and confirmation of understanding. The recording would allow the manager to notice interruptions, defensive language or unclear messages, then repeat the scenario using agreed improvements. A systematic integrative review found that role-play has been used to develop communication skills in palliative and end-of-life care education (Novaes et al., 2022). Using realistic residential-care situations and follow-up observation would help transfer the learning into conversations with residents, families and staff. The supervisor would repeat observation during a live meeting to confirm that progress extends beyond practice.

Decision-making and risk-management skills can be strengthened through a multidisciplinary tabletop simulation with debriefing. The manager and senior staff could work through a scenario involving a resident's fall during a night shift with an unexpected staffing shortage. At timed stages they would decide how to protect the resident, obtain clinical advice, preserve evidence, notify relatives and regulators, redeploy staff and document the rationale. A facilitator would then compare the decisions with the care plan, risk procedures and legal duties, highlighting assumptions and missed information. A systematic review found strong indications that simulation-based training develops trainable human-factor skills including leadership, communication and decision-making, although

transfer requires follow-up (Abildgren et al., 2022). A later audit of incidents and risk reviews would test whether the manager applies the learning consistently.

4 Conclusion

A care home manager converts regulatory duties and organisational values into the everyday systems that protect residents and support staff. Leadership creates clear standards and accountability, communication coordinates residents, relatives and professionals, and sound decision-making balances safety with individual choice. Weakness in any area can spread across staffing, care planning and incident management. Structured coaching, realistic role-play and multidisciplinary tabletop simulation provide practical ways to strengthen these skills when supported by feedback and review. Continued managerial development is therefore essential to safe, dignified and consistently person-centred residential care.

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