

Learning, improvement and innovation

Score: 3

3 – Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

There was an inclusive and positive culture of continuous learning and improvement. There was a range of workforce retention and career development initiatives delivered from the workforce development team, which was managed by the PSW. A senior leader told us there was a strong corporate offer for staff, for example the social work and occupational therapy apprenticeship offer, which supported staff to learn on the job, where they had access to supported placements. The apprentice model encouraged staff to stay with the local authority past their qualification, which further encouraged continuous professional development and retention in the workforce. The local authority offered a fast-track approach to completing a social work qualification through the 'Think ahead' programme.

A senior leader told us they had a skilled and passionate unqualified staff cohort called Assessment and Enablement Officers and many were supported to go onto and complete social work training. Those staff who had embarked on the social work course gave positive feedback on the support they had received from the local authority and how they were enjoying the experience of learning whilst working.

The Assessed Supported Year in Employment (ASYE) programme provided newly qualified social workers with regular supervision with a strong focus on reflective practice, which promoted a positive learning culture and contributed to continuous professional development for staff together with improvement in practice. This was evidenced in an external audit report in February 2024, which highlighted staff who had recently passed their social work apprenticeship with the local authority and were completing the ASYE programme had produced some of the highest quality practice and written work. This showed the effectiveness of practice and of the apprentice scheme, which further highlighted a high standard of training, support, and guidance available to the staff.

Frontline staff told us the local authority had a stable workforce and had particularly good training and development offer, where staff told us they had a chance to blossom. At the time of our assessment most of the staff we spoke with had been employed at the local authority for over 10 years, this included leaders. There was recognition of recruitment pressures within adult social care at senior leadership level. A senior leader told us local and national pressures impacted on the workforce, but they had a strong 'grow your own' programme where staff could be internally developed.

Frontline staff told us they felt supported and valued because the training team was responsive to their specific training needs, where they were given opportunities to which supported upskilling and career progression. For example, a member of staff had embarked on the 'Ignite programme' which focused on developing strategic commissioning skills and capability. Similarly, staff told us they had received funding to complete British Sign Language training, level 1 and 2. The local authority also offered specialist skill set training, for example Best interest assessor, Practice educator and Approved mental health practitioner programmes, which highlighted a strong continuous professional development offer.

Staff consistently reported good access to training and on-the-job support from the workforce development team, however a senior leader shared finding time for staff development had been impacted by service demands, which meant it was not always feasible to set fixed training dates. Therefore, senior leaders had scaled back the workforce development plan to enable staff to focus on service delivery and had instead introduced link workers and practice leads, to provide better intelligence of team learning needs and tailored individual support. This approach was welcomed by staff who told us they benefitted from flexible, targeted and bespoke training for different teams such as 'lunch and learn' sessions on strength-based reporting, furthermore as the trainers delivered the sessions in team meetings, staff felt this did not disrupt service provision for teams, who were already under pressure.

There were multiple learning forums staff could attend, including for subjects such as mental capacity, make safeguarding personal, continuing healthcare and staff wellbeing. At the time of our assessment, we observed a comprehensive list of relevant training events and dates on the walls for staff to access. This showed staff had ongoing access to learning and support to deliver Care Act duties safely and effectively.

Frontline staff told us the training they had received on strength-based practice was highly informative and they had been provided with the appropriate forms, this supported staff to evidence their interventions with people. A staff member told us the strength-based practice was embedded in the local authority's culture. All staff completed level 1 Oliver McGowan training, which was co-delivered with someone with lived experience of autism.

The local authority's learning and development team offered specific carers pathways training for all staff, which had been coproduced with unpaid carers who participated in the training videos and case studies. Unpaid carers had reviewed the training material and participated in delivering the training, which demonstrated a positive approach to coproduction towards influencing best practice.

Organisational culture was positive, where the common feedback from staff was that they felt proud to work for the local authority and strived to support people well. This was mirrored in the support provided to staff. Frontline staff told us about a range of meetings they could access to discuss their specific work and how leaders were accessible and found the time to give them support. Senior leaders and managers were visible and accessible. A senior leader told us they felt the culture was healthy, where staff supported each other. At the time of our assessment, we observed senior leaders sitting with staff in the open plan offices, which supported good working relationships.

Many staff attributed high staff retention to good opportunities for training and development and a creative approach to wellbeing support. Good emotional support for staff included anticipation of potential challenges in daily morning meetings, peer supervision for debriefs and reflective conversations. A frontline staff team also told us they had access to 1 to 1 supervisions and fortnightly reflective sessions which was important for their wellbeing, this supported staff to reflect and learn from their practice and they felt this enabled them to better support people who used services. However, some frontline staff felt they would benefit from clinical supervision provided by NHS staff.

The local authority also acknowledged that Prevention and Wellbeing coordinators who operated in local communities may have felt isolated from the wider team. Therefore, to foster a sense of connection, rotation of team meetings occurred with an aim to bring everyone together regularly. Some smaller groups met weekly to discuss diverse topics and share ideas. There were team chats and a dedicated WhatsApp group for coordinators to stay in touch, collaborate, and support one another.

Frontline staff described an equitable and inclusive environment for staff with 7 staff networks, which supported staff to deliver meaningful initiatives across the wider local authority teams. Each staff network group had a director level sponsor. For example, the Black staff action group and anti-racism support network worked with groups in the Somali community around health inequalities as part of Black History Month. Staff told us they felt empowered to use their identities to create initiatives for people.

Coproduction was embedded throughout the local authority's work. Frontline staff involved in co-production collaborated effectively and frequently through drawing on each other's strengths and expertise. Furthermore, there were specific teams that engaged in community involvement, through capturing people's voices, which lead to positive outcomes for people.

Involvement in The North London Councils (NLC) Adult Social Care Programme has been ongoing since its establishment by the five local authorities in 2017, serving as a platform for advancing partnership initiatives across health and social care within the local authority. The programme had supported the 5 local authorities to deliver improved outcomes and subsequently, had been recognised as good practice nationally, winning the Local Government Chronicle Adult Social Care Award for 2021. This achievement and partnership approach demonstrated the local authority's approach to achieve better outcomes for people.

The local authority has held an annual care provider staff award ceremony every year for the last 10 years, where care providers and employees nominated members of staff for awards, recognising their hard work. Care providers told us employees felt valued, appreciated and humbled to be acknowledged in the work they did.

Learning from feedback

The local authority used multiple ways to obtain feedback from people, staff and partners about their experiences of care and support and delivery of Care Act duties. This informed strategy, improvement activity and decision making at all levels. The local authority had a long-standing people involvement board, which had representation from a wide range of groups and people. There was recent work to further develop the involvement board to diversify the range of voices heard whilst retaining valued expertise.

Frontline staff told us they carried out targeted community engagement, for example by attending food banks and faith celebrations. The local authority developed additional opportunities and roles for people linked to the involvement board, for example two people with lived experience of social care who were recruited as full members of the health and care Overview and Scrutiny Sub-committee. As a result, the people's voice group had grown to over 300 people with lived experience of adult social care services. A member of the committee was positive about representation from people on the local authority scrutiny sub-committee, sharing peoples feedback provided an added level of challenge and perspective to discussions. They provided an example where the local authority had worked with bus drivers to support them to spot people with the signs of dementia and how to support them as there was a risk of people with dementia being rushed. This was aligned with the local authority preventative agenda and aiming to create an age-friendly borough.

The local authority's commitment to improve services was evidenced through their people feedback survey, which was completed following a care and support intervention. The survey was developed with people and staff based on Think Local Act Personal 'I' and We Statements'. The survey showed that overall satisfaction with the assessment and care planning process was high at 93%.

In February 2023, the local authority held a Better Conversation Event to collaborate with people, staff and partners about improvement of language used in adult social care to reflect a strengths-based approach of working. This feedback had influenced change in wording of the assessment form used by social care when assessing need and feedback surveys. The attendees provided positive feedback, expressing that they felt heard and especially appreciated the chance to engage in open, safe discussions with the local authority about the language and assessment process.

Senior leaders encouraged reflection and collective problem-solving and time for this was embedded into practice. Frontline staff told us when staff were leaving the local authority they could access an exit interview with a manager, rather than the human resources department, which gave them the opportunity to give feedback on their experiences to members of the department. This process encouraged learning for leaders. Another example of solution focused approach was feedback from local authority health champions, who told us about their sessions in libraries to discuss health topics with the public were not well attended. To improve engagement, they consulted the Prevention and Wellbeing Team who advised them to reach out to people where they naturally gathered, such as at food banks, community centres, and drop-in sessions, which led to positive outcomes for people who required support.

The local authority had 3 local government Social Care Ombudsman cases, where 1 case was upheld. Recommendations were made and implemented. These included offering an apology, payment of a financial compensation and written reminders to relevant staff that when a person or their representative asked about a retrospective Continuing Healthcare (CHC) assessment, the local authority was required to make the appropriate enquiries with the CHC team to see if this was a possibility. Also, support had been provided to staff in relation to CHC assessments. This included upskilling and training of staff, a joint staff training session between health and social care colleagues, CHC surgeries to support staff in their practice relating to CHC assessments, and written updates to staff.