Learning, improvement and innovation

Score: 2

2 - Evidence shows some shortfalls

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

The local authority was on a journey of transformation at the time of the assessment. Though the strategy was clear and was known by senior leaders, it was not fully embedded at operational levels. Staff told us the transfer back to 'in-house' provision had been positive and feedback from people with care and support needs, and their carers, had also supported this strategic change.

There was a training strategy and delivery programme which was monitored, evaluated and quality assured by a workforce steering group. Local authority staff had ongoing access to learning and support opportunities so that Care Act 2014 duties were delivered safely and effectively. However, data showed staff training levels for safeguarding and DoLs were low, and leaders identified the need to improve the uptake of training by frontline staff. Staff told us the training provision had improved since returning in-house and that they felt encouraged and able to take time to access appropriate training on offer.

There was support for continuous professional development and most staff reported a positive training package within the local authority. However, some staff reported limited opportunity for career progression and others from front-line teams experienced difficulty finding time to access training due to low staffing levels.

There was a handbook to support newly qualified social workers who were completing their assessed supported year in practice (ASYE); it set out the evidence needed to meet the requirements of the regulator for social workers. The staff we spoke with regarding ASYE told us their learning time was protected, they had time to complete the required study, and they had a protected caseload.

Approved Mental Health Professionals (AMHPs) were supported to maintain their professional registration; this was underpinned with guidance on how to ensure they were suitably skilled and trained to carry out their role.

The local authority had adopted an evidenced based approach to learning and development. Leaders had introduced 7-minute briefings, to share learning from safeguarding adults' reviews with staff. A recent example of this was a 7-minute briefing session on Korsakoff syndrome.

The Principal Social Worker (PSW) post was vacant for 9 months before the recently appointed PSW was recruited. The PSW had been in their role for 8 weeks at the time of the assessment, and in that time, they proactively identified several opportunities for improvement. For example, after collaborating with the adult social care teams, they recognised the need for enhanced training on the Mental Capacity Act (2005). As a result, additional support and training were implemented to strengthen understanding and practice.

The local authority had the opportunity to enhance collaboration with individuals and partners to further promote and support innovative approaches that improve people's social care experiences and outcomes. While not all system partners reported strong working relationships with the local authority, staff highlighted a valuable employment, and skills pod available to everyone aged 18 to 65 in the county. They expressed enthusiasm about how this initiative is positively impacting social care experiences and outcomes by focusing on prevention, reduction, and delay of the need for care and support services, demonstrating notable success.

Co-production was not yet fully embedded and senior leaders highlighted this as an area for improvement. The council's strategy highlighted a commitment to 'giving people a bigger say'. A co-production strategy was being developed, and a co-production group had been established. There was a co-production position statement which detailed several projects that had been identified for the year. We were told about a 'Let's Talk about co-production' programme and a co-production community of practice for social care staff. Furthermore, the local authority had engaged with 383 carers to co-develop a carers strategy as a test and learn project for developing and embedding the co-production process. Feedback from unpaid carers involved in the co-production of the carer's strategy was positive, unpaid carers told us how they felt listened to and respected as experts and were looking forward to the strategy being put into practice. However, some carers told us they were not aware of or had not been involved in any co-production work. The local authority's self-assessment detailed a plan for empowering staff to co-produce and co-design the adult social care offer for the population. However, staff were not familiar with what this was and what it meant.

The local authority shared learning, best practice and innovation with peers and system partners to influence and improve how care and support was provided. They worked as part of the local integrated care alliance to develop and innovate practice through shared learning, for example, through the use of a case study to highlight the need for more aligned working with other agencies. The need for improved practice in this area was highlighted by some adult social care teams who told us they did not understand the roles of other teams. Staff told us this meant that multidisciplinary working could be challenging at times, with an 'us and them' culture presented in some areas. Some staff said experience and knowledge was not always considered when allocating complex cases and this had impacted negatively on their confidence in supporting good outcomes for people with complex care and support needs.

The local authority participated in peer review, and they were involved with sector-led development activity. Staff and leaders engaged with external work, including research, and they embedded evidence-based practice into the organisation. For example, they invested in legal literacy training for staff to enable defensible and ethical decision making to reflect research and best practice guidance. The local authority told us in August 2024 they invested in a 2-year contract with Research in Practice for all Social Care staff. The local authority also told us about work being carried out with the Department of Health and Social Care and 4 other local authorities to look at ways to improve the Adult social care assessment.

Managers were using a business intelligence data platform to analyse data and manage waiting lists leaders told us a new and updated Power BI version was being implemented to improve oversight of waiting lists and risk, however this was not in place at the time of the assessment. There was a plan for all staff to use the new system, but it had not yet been rolled out as staff required training first.

Learning from feedback

The local authority gathered people's feedback about their experiences of care and support, and feedback from staff and partners. However, this was not consistently used to learn and improve services. Some feedback data had been used to inform strategy but processes to ensure that learning happened when things went wrong were not consistent or embedded in all teams. Processes for gaining feedback from people with care and support needs, or their carers, were not consistently followed. For example, staff told us the local authority had recently carried out a piece of work regarding hospital discharge and reablement to gain feedback from people who used the services, this was done by asking people to complete a questionnaire however, staff told us they were unclear whether any replies had been received and whether there had been any analysis of this feedback to improve practice. This meant the local authority had potentially missed an opportunity to share any learning from this to staff and to improve people's outcomes.

Feedback from people with care and support needs was positive with people saying assessments supported them the way they liked, and that staff were friendly and knowledgeable. Staff were proactive in gaining feedback from other professionals they worked with. We saw forms used to gather this feedback, which was positive.

There was a complaints process and complaint numbers for adult social care had been reduced. Seventeen complaints had been upheld in the previous year resulting in a 25% uphold rate. One complaint had been upheld by the local government and health service ombudsman. The local authority has produced and implemented an improvement plan in response to the report which set out key areas of development.

However, performance and quality assurance were not effectively embedded in the local authority culture. For example, highlights of learning from complaints, complaints data, and survey feedback were not well known by senior staff or leaders. Highlights were not consistently communicated to wider staff groups which hindered the learning being used to improve practice and achieve better outcomes for people. The local authority told us they had implemented a new Quality Assurance Framework to ensure robust progress monitoring and assurance reporting of identified areas for improvement however, this was yet to fully embed in practice.

Leaders encouraged reflection and collective problem-solving. Staff told us there were regular supervision arrangements and some staff reported team meetings where caseloads, outcomes of peer reviews and audits, compliments, and complaints were discussed.
