

## 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. Local authority staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively. The SLT's management style was described as compassionate, and staff spoke about having a 'no blame' culture' at the authority. Senior leaders spoke about fostering a continuous learning environment across the service with staff responding positively to this. Senior leaders were described as being visible in the office and maintaining contact with front-line work.

Staff told us about practice forums and the '7-minute briefings', where lessons learned were shared. Staff reported these being impactful. There were also regular events to share learning from Safeguarding Adult Reviews (SARs), and themes reported from the Merseyside Safeguarding Adults Board. Service improvement leads had developed a tool to measure if the local authority were picking up themes from audits, however we were not told of any themes which had been picked up. There was a regular managers' network meeting to ensure information was cascaded to staff and responses and views fed back up the chain to the senior leadership team.

The local authority had introduced a '3 conversations' approach to Care Act assessments. Twenty-one case studies had been carried out by the local authority with feedback provided to staff on the impact of the new approach. Feedback from people was mainly positive and stated the model provided a more flexible, creative and person-centred approach to meeting care and support needs with assessments being completed in a timely manner. Feedback was that the 3C's model promoted independence, improved relationships between staff, people and families, increased the use of community resources, improved productivity and reduced care costs. One of the local authority partner organisations provided feedback about the outcomes of implementing the 3Cs approach with adult social care services. They reported improvements for people and families and their staff as well as a positive impact on the use of resources. Staff told us the 3C's model was working well and had embedded into practice. This was a good example of innovative improvements to social work practices to ensure a safer, more effective delivery of their Care Act duties.

The local authority told us about a report to the Adult Social Care and Public Health committee in November 2022 which outlined key actions that had been taken to improve the quality-of-care providers in the sector and raise the Care Quality Commission assessment ratings. They launched a Commissioning, Contracts, and Quality and Service Failure policy, which was briefed to care providers in the local market in July 2023 and was under review at the time of assessment. Contract Leads and Quality Improvement practitioners were mobilised and had supported the care market with a schedule of planned visits for 2024 focused on improvement. They had undertaken over 600 on site contract meetings in 2023 and supported more than 80 providers on their improvement journey.

There was support for continuous professional development across the service. Staff told us there was good quality training and time allocated for continuous professional development. Panels had been set up to support practice educators. The new PSW had taken a lead in ensuring all staff were encouraged to upskill and develop themselves. There were 'staff champions' in place for promoting and sharing best practice in specific topics like 'Best Interests' Assessments. Team managers were encouraged to promote the take-up of staff self-development through supervision sessions. This demonstrated the local authority were investing in and upskilling staff to assist their succession planning, with an ideology of 'grow your own' talent.

One staff member told us they were well supported with their continuous professional development and attended specialist worker interest groups and regional networks to share knowledge, best practice and learn from their peers. Another team told us they were supported by their manager to develop professionally and gave an example of a member of staff starting as an apprentice who was now in a senior role. Opportunities to become advanced practitioners such as Best Interests Assessors (BIA's) or Practice Educators (PE) or Approved Mental Health Practitioners (AMHPs) were made available. Some staff however reported disappointment that frequently after progressing in their development, colleagues would move on to other local authorities, saying this was a drain on energy and resources.

Senior leaders told us that during the COVID-19 pandemic, the local authority invested in electronic devices (tablets) and provided them to Age UK who sent them out to people who usually attended day services, so they could maintain social contact via online sessions. We were told that post-COVID, some people preferred to stay with the online sessions rather than having to attend day services. Local authority staff had also reached out to a local 'knit and natter' group to show people how to work the devices and how to do things online.

People with lived experience told us they had been involved in workshops regarding frontline service times. They told us they had attended workshops about the 'front door' service and people's experiences of their first contact with the council, how this was managed and information available online. People with lived experience of social care support had also been involved in interviews held for the DASS position in recent months and were incredibly happy to have had the opportunity to be part of this recruitment.

The local authority shared learning, best practice and innovation with peers and system partners to influence and improve how care and support was provided. The Trusted Assessor programme was embedded into practice with unqualified staff trained to a high standard to undertake lower-level needs assessments, enabling them to order equipment without delay. Some care providers commissioned by the council had been given 'trusted assessor' status. One provider told us this had really benefitted people who used their home care service, enabling them to access equipment quickly.

The local authority had given providers the ability to increase and decrease certain care packages as required, to maximise the effectiveness of the support people needed. They were reviewing their own care packages which providers told us had enabled them to provide timely, consistent, appropriate care to people. The providers told us they felt trusted, recognised and valued in their roles. At the time of assessment, we were not informed of the local authority's oversight arrangements for this, however, were told following that any long-term changes to support packages had to be reviewed by a social worker for approval.

The local authority had participated in a peer review conducted by the Local Government Association in December 2022. The review focused on strengths and good practice, and areas for improvement and challenges. 16 recommendations were made, including a review of the 3 conversations model; this influenced the authority to speed up the roll out of the model. Another recommendation supported the development of the proactive approach to increasing quality of care in care homes.

## Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and from the feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels. Leaders told us a quarterly report was produced which outlined the number of complaints received each quarter that year and the key themes. It included key 'takeaways' which were the main learning points for staff. The report showed there had been 220 complaints from April 2023 to March 2024, which was an increase from the previous year. However, there had been a reduction in the number of complaints escalated to the Local Government Ombudsman. The local authority stated they were 100% compliant with any recommendations made by the ombudsman and provided examples of ombudsman decisions and actions taken.

Leaders told us feedback was captured in a variety of ways. For example, people were encouraged to provide verbal and written feedback regarding outcomes following safeguarding procedures. Case files audits were carried out by managers, and actions were collated were feedback amongst peers for learning to be shared with staff. The SLT told us this had embedded learning into future strategies, improvements and enhanced the consistency of decision-making.

Leaders told us safeguarding data captured through data was sent out to team managers to monitor any emerging themes and trends. Managers were able to monitor staff performance and timeliness of work. Key performance indicators were measured, and issues raised with the SLT for action.

The local authority and its partners participated in the national Employer Standards survey. The survey helped the local authority gain understanding in experiences of registered social workers. The 2024 survey received 13 responses from social work staff employed in Cheshire and Wirral Partnership NHS Foundation Trust. The survey results were in line with the regional average responses with staff saying they could access training and development, well-being support, an annual appraisal and felt cared for by managers.

The local authority was committed to capturing compliments to share with staff and celebrate success. Between April 2023 and March 2024 adult social care services received 47 compliments from people and carers receiving support, and from other professionals. Compliments included how knowledgeable and reassuring staff were, assessments being collaborative, and how approachable staff were. One provider told us staff who carried out quality assurance visits were open to discussion and challenge as well as being knowledgeable and an expert in their field. The provider said that this had felt like true collaborative working, feeling listened to and valued.

There were processes to ensure that learning was shared when things went wrong, and also from examples of good practice. Leaders told us they encouraged reflection and collective problem-solving. They told us of processes in place for learning from feedback, including the 7-minute briefings, team meetings and learning hubs which were used to communicate learning. Staff told us their leaders were visible, approachable, and encouraged them to reflect on lessons learned and best practices.

Providers told us the local authority shared learning when need of improvement was identified. They told us the local authority held events and provided examples of when the local authority had shared root cause analysis of an incident. Providers told us the local authority acknowledged its own areas for improvement and actively sought their feedback. They also routinely asked for success stories to share around other providers, so everyone could learn from each other. Providers felt it was important for the local authority to be transparent so they could confidence in them as a trusted partner.

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