

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

The local authority worked collaboratively with people. Co-production, as a two-way partnership with people accessing services, was valued by the local authority and seen to be embedded throughout commissioning, assessment, quality assurance and transformation work.

We were told about 'innovators' (people with care and support needs and unpaid carers) and 'pioneers' (staff) who had impacted specific projects. There was a commitment to involve people, carers, and internal staff at all stages through design, delivery and evaluation, rather than simply requesting 'feedback'. For example, people told us they were part of staff induction for new social workers, occupational therapists and social care practitioners and promoted ways of working that improved people's social care experiences and outcomes such as good communication and accessibility of information.

The local authority funded independent organisations who worked with people through arts and music. For example, in recommissioning the all-age unpaid carers contract and all age unpaid carers strategy, unpaid carers expressed their voices experiences and challenges to inform the development of the next five years of unpaid carers' support. People had created artistic projects about their experiences such as poems and songs. As another result, there was a launch of a campaign named 'caring around the clock' to encourage carers to talk about their lives 'every day, anytime', as 'the care does not stop'.

There were many ways to learn and share best practice. We found a vibrancy amongst staff that showed a positive culture of wanting to improve and serve the people of Wiltshire well. The local authority was open to feedback and challenge to ensure improvements were inclusive and proportionate.

Data was used to encourage performance improvement so Care Act duties were carried out safely and effectively. There was a strong culture of pulling on knowledge, analysing data and identifying subjects for development at all levels. For example, staff tracked people's enablement outcomes using data and tools to identify goals, and measure preventative outcomes. Through continuous review, they celebrated successes as a team and identified areas for improvement and training needs. This was linked into the work of Performance Outcomes Groups (POG), which focused on data and audit outcomes. The local authority within POGs measured its own performance against targets it had set to improve quality and efficiency of its workforce and processes.

Assessment, care planning and review activity was supported by Principal Occupational Therapy and Principal Social Worker roles to reinforce and celebrate best practice and improvement. The local authority had a quality assurance framework, it particularly effective within occupational therapy as the Principal Occupational Therapist role was well established. This included peer reviews and groups covering topics such as mental capacity; thematic audit to respond flexibly around new practice and emerging risks or concerns; as well as annual audit plans with topics including equality, diversity and inclusion.

Development was a priority for the local authority. Senior leaders considered staff as sources for solutions, we found there was an ethos of 'everyone's agenda mattered' and 'anyone can change services for the better'. Staff told us working at the local authority was a 'safe space' to ask difficult questions and challenge things. For example, we heard positive experiences of a reverse mentoring programme for staff being linked with other staff at more senior levels. Staff told us the key to supporting inclusivity was remembering one person doesn't know everything and can't get everything right all the time, which was evidenced in their learning and development approaches.

Senior leaders told us about areas for improvement, for example, there was not a strong enough focus in current practice around the use of technology enabled care and they intended to build on the current provision to compliment other ways to provide care and support. There was a strategy and workstream to focus on collaborative ways to work with health partners and test innovative and new ways of working to enhance care and support to improve quality of life.

Staff supervision audits were in place, and they embedded good quality support for staff. There was dedicated time for staff to focus on staff wellbeing, and the outcomes of their work on people who use services, and how these could be improved. The local authority had used audit and data to cross reference staff sickness levels, impact surveys and the quality of staff supervision. It identified the need for compulsory refresher training on staff supervision and templates were updated using 'I' and 'We' statements from Think Local Act Personal (TLAP) 'Making it Real' statements. The local authority had since seen staff sick absence reduce which they told us was a result of these actions.

Recruitment and retention of staff was improving, and the local authority was relying less on agency staff. We were told how outcomes from the Local Government Association (LGA) annual Employers Health Check had informed their workforce strategy and ensured staff had the right training offer. There was a 'grow your own' ethos for staff development and career opportunities. Social work and occupational therapy apprenticeship schemes supported staff moving from roles in provider services into the registered professional's workforce. For newly registered professionals there was bridging support from student to practitioner. There was success of recruitment and retention for approved mental health professionals (AMHP). However, the local authority told us for best interest assessors (BIA) this was not as successful.

Staff had opportunity to explore professional interests. For example, one staff member told us they were funded to gain a rehabilitation degree and level 6 qualification in sign language. They were provided with study leave, felt well supported and celebrated by colleagues and senior leaders. We heard of inventive ways to keep staff motivated and interested in careers at Wiltshire Council. Occupational therapists had opportunities to work on rotation across mental health, children's social care, adult social care, reablement and housing areas within the local authority. This supported staff to be multiskilled, raise the profile of different roles across teams and enhance people's experiences with a confident and happy workforce.

There was a range of training on offer. In one example, staff told us how national compulsory training was delivered face to face and co-delivered by people who had a learning disability and autistic people. We were told that training was followed up with what was described as ‘the real learning’ through shadowing opportunities across teams to allow any learning to be applied to individual staff members roles in practice.

Staff and leaders engaged with external research work. For example, one staff member had been supported to carry out a research fellowship. They were developing how to measure wellbeing as an outcome for people using services. The research would span 12 months, and the results would be used to improve experiences for local people. There was also a research café for staff, and the Principal Occupational Therapist was involved in national work on steering groups as an adult social care representative. All staff including senior leaders had membership for online research resources. This showed the local authority’s commitment to embed evidence-based practice and expertise in the organisation.

Learning from feedback

People and partners’ feedback was sourced through co-production and data collection. The local authority also had a ‘contact and connect’ service an automated call service to gather peoples’ feedback following each interaction with the local authority. They sought views around experiences of adult social care, understanding the market, quality of services, contract management, and safeguarding enquiries. We found people’s feedback was an integral part of the design, delivery and evaluation of strategy, services and practice improvement.

There were processes to ensure complaints and learning happened when things went wrong. There had been 10 Local Government Social Care Ombudsman (LGSCO) complaints made between 4 April 2023 and 22 March 2024 (excluding housing related complaints). The highest number of complaints were in the services that supported people with learning disabilities, autistic people, young adults transitioning from children's services to adult's services and people with mental health needs. Three of the complaints were upheld. The local authority demonstrated learning around quality of assessment, cultural competence and appropriate care plans, risk management, partnership working and transitions between children and adult services. For example, there had been changes to staff induction and compulsory training to enhance evidence-based knowledge and skills.

A theme across all 3 complaints highlighted quality concerns of Care Act assessments. There had been efforts to embed strength and asset-based approaches including through co-production. However, the work was relatively recent and at the time of our assessment it was too early to demonstrate the effectiveness of the new operating models.

The local authority promoted and analysed staff surveys. Feedback had been used to provide staff with updated information about best practice and learning and had supported joint working opportunities. Staff had access to an 24/7 online link for sending feedback to senior leaders about their experiences as well as through regular surveys and groups. Senior leaders told us how Transforming Adult Social Care (TASC) programme and reference groups supported actions from feedback, and focused on targeted projects to hear from staff and ensure all staff were fully informed and engaged.

Staff were passionate about providing an excellent service to people with care and support needs in Wiltshire. They confidently told us about learning from feedback, incidents, near misses and complaints which supported transparency, continuous professional development, and improved outcomes for people and their carers. There were learning and reflection forums for staff across all service areas to promote learning from complaints relating to the assessment process, and individual practice concerns were managed in supervisions and with extra training. Case and supervision audits took place to evidence implementation of learning from complaints.

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