

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. Staff spoke consistently positively about the local authority's approach to learning and development. There were systems in place to implement and refresh learning, such as a Training Advisory Group who looked at training needs and responded to emerging training requirements. There was a principal social worker in post who carried out audits to identified themes and share learning across teams. We heard examples of a variety of theme areas where staff had received training or awareness raising following findings from quality checks.

Staff said they had frequent supervision and leaders of all levels encouraged them to learn and develop themselves. Staff were encouraged to identify their own learning needs and leaders supported them to achieve them. We observed high numbers of staff who had worked at the local authority for a long time and they had all undertaken learning and development to become leaders or enter new specialisms.

There was an online 'learning hub' for mandatory training modules and other learning materials. The local authority held annual practice weeks with external speakers that often included people with lived experience. We also heard about events on World Social Work Day and World Occupational Therapy Day and ad-hoc learning sessions in team meetings or events for staff with particular interests or specialisms.

There was learning in response to current themes and issues, for example following Safeguarding Adult Reviews or themes from safeguarding or other Care Act functions. Staff said how they were often encouraged to write case studies of complex work, so colleagues could learn from them. Staff spoke positively about the variety of learning on offer, such as recent training around cultural awareness, intersectionality, fetal alcohol syndrome, executive disfunction and strengths-based practice.

There was support for continuous professional development. The local authority had links with universities and had developed routes for staff to achieve qualifications. Staff had access to practice educator courses, higher education and apprenticeships. The local authority had recently piloted a new apprenticeship model for social work students and staff we met who were undertaking this spoke positively about the quality of the learning and the model adopted alongside a local university. Staff who were registered professionals told us they had protected time for professional development, but said sometimes workloads impacted on this.

The local authority worked collaboratively with people and partners to actively promote and support new ways of working that improved people's social care experiences and outcomes. The local authority regularly used partnership boards and other partnership groups to engage partners and contribute to or influence strategy.

The reablement service and the PRIME team had been developed with partners to achieve shared priorities around hospital discharge. We heard how this was achieving its aim and was an area we heard positive feedback about from people and staff. The local authority told us about programmes developed with partners through the Integrated Care System, such as a 'step into work' programme, summer schools and the development of flexible apprenticeships for frontline health and care workers. These aligned with local authority priorities around workforce.

Coproduction was at an early stage and strategic work was underway to enhance the local authority's approach to co-production. Feedback about co-production was mixed, we heard how community partners had been involved in co-production but one partner told us this work was quite recent and had not yet progressed. Another partner said there was limited involvement of people with lived experience in the work they had been involved in. The local authority was aware of the need to improve their co-production approach and there was a draft co-production strategy being implemented. There was also ongoing strategic work with the National Development Team for Inclusion (NDTi) which was designed to utilize co-production in reviewing and developing the local authority's pathways.

In some areas, co-production was more embedded. In public health the Joint Strategic Needs Assessment (JSNA) was produced through detailed co-production work. We heard how the voluntary and community sector had been commissioned to lead on co-production work around expectations for people with a learning disability and autistic people. We also heard how people had been involved in developing new services in the local authority's commissioning function. People had been involved in choosing providers and staff for new models of care and had contributed to the development of housing and care schemes.

Staff and leaders engaged with external work, including research, and embedded evidence-based practice in the organisation. The local authority engaged externally, sharing learning and seeking feedback where possible. For example, the local authority had shared work around poverty and prevention with central Government and had its strengths-based assessment tool reviewed by Social Care Institute for Excellence (SCIE), receiving positive feedback.

The local authority actively participated in peer review and sector-led improvement activity. The local authority drew on external support to improve when necessary. The local authority had undergone a peer challenge review of its adult's services through the Local Government Association (LGA) in March 2024. Where the peer challenge review identified areas for improvement, work was already underway to address them. For example, the peer review noted potential waiting times as an issue and the local authority had reduced waiting lists by October 2024.

The peer review also identified uptake of carers assessments as an issue, which the local authority had also identified themselves. Whilst this had not yet been fully addressed, the evidence we saw showed how the new caregivers strategy was starting to improve the experiences of unpaid carers.

Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels.

Engagement and consultation regularly took place around commissioning priorities. Staff described recent work involving community groups and people when developing new provision. For example there was a recent focus group with young carers ahead of the caregivers strategy and there was engagement work underway with the Jewish community around developing provision that would meet their needs.

The local authority found ways to understand the lived experiences of people to inform strategy in areas of focus. In response to risks people faced linked to deprivation, the local authority supported partners to develop the 'poverty truth commission'. This involved people with lived experience of poverty and leaders told us how it was being used to inform current work around health inequalities, improving pathways and access to information and advice.

Staff were regularly asked for their feedback from surveys and we saw evidence of feedback being acted upon. Surveys took place and then actions were taken in response. For example one identified area for improvement from a recent survey was for more training for managers around recognition and this was arranged.

Staff regularly informed development of processes. We heard multiple examples from staff of work they had been encouraged to do to improve systems. One staff member showed us a strengths-based tool they had produced to support people to identify their strengths and assets which had been piloted and was now being rolled out across teams. Another staff member had developed tools around prioritisation and risk which was used in their team.

There were processes to ensure that learning happened when things went wrong, and from examples of good practice. Leaders encouraged reflection and collective problem-solving. The local authority analysed complaints and compliments. Reports looked for trends or increases in volumes in order to learn from them. An annual report for 2022/23 showed there had been 56 complaints and 363 compliments in adult social care that year. The local authority identified two key themes of complaints which were charging decisions and people or relatives wanting care home placements rather than homecare at hospital discharge. The local authority had taken action to improve information and advice about charging in response to this identified theme.

The local authority also monitored the outcome of complaints referred to the Local Government & Social Care Ombudsman (LGSCO). In the same period, 7 complaints had gone to the LGSCO, one of which was about a care provider which was upheld. In another, the local authority made a remedy payment and the matter was closed. The remaining 5 referrals to the LGSCO were closed with no further action.