

Learning, improvement and innovation

Indicative score:

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

Plans were being implemented to improve the training offer and take-up for staff. The Adult Social Care Training Plan 2022-25 comprised 2 areas: adult assessment, and provision. The current focus was on assessment and to support induction and establish a mandatory programme of training. Staff could access training using a 'Core and Mantel' approach with core and specialist training. Additional training available comprised practitioner forums, workshops, information from community partners and 7-minute briefings. Seven-minute briefings were used effectively to provide updates for staff on subject areas, for example there had been one on 'homelessness and the duty to refer'. Reflective practice forums were starting up for managers and staff.

An annual training analysis was completed for teams to determine if any consistent standards needed to be set and to identify bespoke learning needs. There was an aim to develop continuing professional development for community care officers. Apprenticeship programmes were available with future aspirations for inclusive training, involving engagement and feedback from people, staff, and consultation with experts by experience. Internal leadership courses were being designed to support progression, as well as new specialist lead roles, to support specialist knowledge and promote practice excellence across adult social care.

The local authority had identified that assessments of people with severe and multiple disadvantages, such as homeless people, people with mental health needs or problematic substance use, were being carried out by staff who had not received enough specialist training in this, so an analysis of staff training needs in relation to this was taking place.

The Principal Social Workers and workforce development team were very involved in the transformation project and enthusiastic about staff training and development. There was a 'grow your own' approach to training and development. Some training was being redesigned with support from safeguarding colleagues, for example self-neglect, and some staff told us they felt they might benefit from more training in relation to hoarding.

Teams told us about the extensive knowledge they shared within teams. Career development was positive, training was generally good, but time was their biggest challenge. One staff team felt there was a lack of specialised training, so they had sourced this themselves.

Support for newly qualified social workers was described as 'excellent'. Workloads were good, they gave positive accounts of their induction training and of a good learning environment.

The Workforce and Organisational Development Strategy and Action Plan 2022-25 detailed plans to address recruitment and retention issues, including promoting the rotation policy to allow staff to broaden their experience, and collaborating with partner agencies such as the Department for Work and Pensions and Nottingham Jobs. Also, to develop the workforce and improve consistency in practice.

A project was underway with Skills for Care, Nottinghamshire County Council, and health to enhance the understanding of the social care workforce within voluntary and independent sectors. It was hoped that this would deliver better insight into the sector to support better development of the market and establish a basis for long term planning. This included the workforce supporting people with learning disabilities and autistic people with more complex needs.

Senior staff told us they identified that they needed to improve ways for getting feedback from people receiving services more systematically, as the local authority was not currently doing this proactively. The occupational therapy team did have an online feedback form, but this was not used across teams and services.

Co-production was identified as an area that needed to improve, to inform what the local authority does, and that it needs to start getting better at it. One senior staff member told us they were coming from a 'low base' in relation to this and while they had improved in terms of engagement with some groups, there was still a lot of work to do. A strategic co-production group was being set up and the local authority now had some experts by experience on several executive boards. Experts by experience are people who have experience of using or caring for someone who uses health and/or social care services. However, work was still in its infancy. Nottingham Citizen's Panel was a group of people who also volunteered to get involved and share their views. They were contacted to be involved with focus group discussions, and updated on current consultation work or engagement projects. A Communications and Engagement Officer was being employed with a role of developing this activity. There had been some positive co-production work with health partners, for example the mental health reablement service was being funded through public health for the first 2 years.

Feedback from one team was that improvements were needed in how the local authority dealt with abuse towards staff from the public – particularly racism. They told us the response depended on managers and there was a lack of consistency. In response to this a workshop was held and a policy was being developed.

The ACE (Action, change, equality) network had carried out a review of internal procedures for staff from ethnic minority groups. Feedback was that staff were being heard more and there was progress, but still some way to go. Senior roles were not necessarily diverse enough yet to drive the changes needed, but training and opportunities were available.

Staff told us about the benefits of remote working and some recent changes had made a real difference for them, including new mobile phones, which meant they could speak with people more easily.

Senior staff acknowledged that the adult social care external website was difficult to find and it was part of the planned transformation process to make it more accessible. Ambitions were for updated policies and procedures to be easily accessible on the intranet for staff, and that they would be able to sign these when reviewed. Clearer communication strategies, for example through an adult assessment newsletter, were underway to better share information such as lessons learned from coroner's cases or safeguarding reviews.

There was an increased use of assistive technology to support people. There had been some work with the digital team in relation to an activity monitoring system in people's homes, which helped to support assessment and build a picture of a person's movements. This technology helped staff to arrange care that better reflected a person's needs by enabling round-the-clock monitoring. This monitoring observed and analysed a person's habits and behaviours during their daily life, then alerted relatives or care providers if there were indications of a change in this. This linked into the local authority preventative model, where the aim was for people to be able to live in their homes for longer.