

# 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

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Staff told us there was an inclusive and positive culture of continuous learning and improvement. Staff told us they had access to the training they needed and felt encouraged in a learning environment. The Principal Social Worker described a range of performance measures, monitored through audits to ensure staff carried out their role to ensure Care Act duties were delivered. Training was developed in response to areas for development identified in audits and staff practice was monitored to measure the effectiveness of the training in influencing practice. Front line teams described how they used learning from real cases to inform future practice at peer supervisions, through team meetings and learning events. For example, best interests' assessors reviewed themes within DoLs applications that were used at learning events with both internal and external stakeholders. Providers told us there was an open safeguarding culture of shared learning with a no blame approach.

The local authority needed to do more work in collaboration with people and partners to promote and support innovative and new ways of working to improve people's social care experience and outcomes. This work would support more active shaping of the market to meet people's needs. The local authority had good relationships with partners, but these were in early stages and needed to be further developed to develop joint approaches to solving issues within the market that meet the budget. There was ongoing work with the ICS on the review for CHC funding which to a large degree was outside of the control of the local authority. The low number of positive CHC funding requests was placing additional burden on the local authority, in relation to complex nursing and mental health needs which in turn impacted negatively on outcomes for people. This work needs to be expediated to reach conclusion for the local authority to ensure there was parity across the region.

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The local authority acknowledged there was more work they could do in relation to their engagement with the voluntary and community sector in developing innovative responses to needs as well as in assisting in a wider understanding of needs and seldom heard groups across the area. Voluntary and community groups felt they had good relationships with the local authority on an individual basis but did not feel strategically involved or consulted in relation to areas of need, and gaps in resources. Development of the relationships with the Voluntary Sector would also support more co-production which was also an area the local authority had identified for further development and had recently adopted a new co production framework. There was some co-production through the autism partnership and the carers partnership had supported co-production of the carer's strategy, but these were isolated examples rather than an approach embedded across the local authority to inform learning and the development of strategy to meet the needs of people across the local authority.

There was a culture of sharing learning and best practice both with peers in the local authority as well as with system partners where relevant. For example, the hospital discharge team shared learning with partners to improve outcomes for people. Safeguarding shared learning outcomes across the system with health partners and providers to reduce risks to people and prevent escalation and safeguarding in the future. The local authority had drawn on external support to improve where necessary. For example, using ADASS tools to manage risk, and had invited an external review by ADASS to look at the situation in relation to low numbers of direct payments to better use direct payments to promote independence and improve outcomes for people. The Chief Executive held regular peer review meetings to gain perspective on strengths and areas for improvement.

There was not widespread innovation across the local authority, but there were some opportunities for innovation identified. For example, there was a new pilot project for single handed care which supported carers with moving and handling by using equipment instead of two carers. This reduced the need for 2 carer calls. Providers were positive about the pilot and the local authority had plans to roll out training for providers to expand beyond the pilot.

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## Learning from feedback

There was some learning from people's feedback about their experiences of care and support. Individual teams had a strong focus on learning from the feedback of people they supported. The local authority carried out surveys in relation to reablement, carers experience and feedback from autistic people to support with their autism strategy. The reablement survey showed people to be happy with reablement following the change in pathway 1 (the reablement pathway), along with an improvement in outcomes for people. The carers survey was carried out in 2022, and many issues such as access to services and respite availability reflected the pandemic experience. This data was used to inform the carers strategy.

There were processes in place to ensure learning happened when things went wrong. There was a strong learning and development group within the safeguarding board that supported learning from SAR's across Berkshire West. Learning from neighbouring authorities was used to improve practice in West Berkshire. There were no complaints upheld from the Local Government Social Care Ombudsman. Complaints to the local authority in the last year mainly focused on charging. The local authority took learning from these complaints to improve their process for managing complaints relating to invoicing and ensuring formal consultation before introducing changes to charging. Wider learning from complaints have been addressed through training for staff on clarity of communication and expectations with both people using services and partners.