

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

More adult social care staff in Derbyshire (59.61%) had a care certificate either in progress or completed than the national average (49.65%) (Skills for Care). Staff training and development was evident throughout our assessment. There was new tailored training for social workers and occupational therapists with specialised courses and an enhanced internal offer of training was in development. Senior leaders recognised the importance of valuing and supporting the social care workforce. There were plans for a joint-workforce strategic arrangement with the Integrated Care Board (ICB). Social workers had won national awards for their work.

The culture at the local authority was open and transparent and people felt able to speak up. Social workers were able to suggest improvements and were listened to, for example with the suggestion of short-term direct payments. Leaders identified the passion and commitment from the workforce and the delivery of strength-based support as an area of strength for the local authority. Opportunities for improvement were identified as collaborating on a greater use of collective resources and driving co-production forward.

The revised occupational therapy (OT) strategy incorporated working within multidisciplinary teams, strength-based approaches and supporting people in the community. There was an OT apprenticeship scheme, with rotation placements across health and social care. The revised OT structure provided opportunities for people to progress in their career and coaching was available through personal development reviews. There was also an 'inspiring leadership' course for managers. Practice weeks formed part of the local authority's quality assurance processes and feedback was shared with group managers, assistant directors and the quality assurance team. There was consistent reference to the Practice Standards Framework for social work and occupational therapy, throughout our assessment. This supported quality conversations and developing professional practice. It incorporated Think Local Act Personal's: I and we statements and was aligned to the Best Life Derbyshire strategy.

Staff worked in partnership across the seven districts. Training and development was available and monitored and a supervision app was recently adopted in order to ensure supervision was taking place consistently. Staff described peer-group discussions as supportive and helped them find creative solutions. We also heard about how rotas were used creatively to avoid de-skilling and ensure diversity of experience, for example in mental health act assessments and community treatment orders.

People's experiences on the effectiveness of their involvement in co-production was mixed. Work existed around co-production in a community of practice, to identify current services and gaps in delivery for autistic people and people with learning disabilities. This group had 145 members and had been involved in commissioning services by engaging experts by experience.

Leaders recognised the importance of co-production and noted it was an area requiring improvement. A co-production strategy was about to be implemented and they had recruited people with lived experience to help with the co-design. Some people told us there were groups and forums such as over-50 groups, which were useful and positive, however sometimes felt they 'rubber-stamped' existing plans. Other people said they felt listened to and there was change as a result of panels and groups. Staff also felt recognised, involved and respected in relation to their individual protected characteristics, and there were staff forums and support networks available to them.

Safeguarding practitioners had the autonomy to create and provide local team training in-house and continuous professional development sessions. Practitioners were also passionate about supporting the next generation of social workers, and there was an inclusive, positive culture of continuous learning and improvement. Frontline staff said that some relevant training had been offered, for example around hoarding, but gaps still remain in mental capacity act training. Social workers could also participate in communities of practice three to four times per year, where workers presented case studies for peer review. There was an annual occupational therapy development day and we saw reference to Skills for Care and Royal College webinars being promoted. We heard staff describe a joint learning culture and significant peer support. Out of hours, there were senior managers to support staff and good access to peer support.

In terms of training and support for commissioning staff, the majority of the team had completed or were nearing completion of a 'principles of commissioning for well-being' level 5 qualification (Skills for Care). New starters in the team were offered the training and all members of the commissioning team had completed the official transforming public procurement knowledge training. Several of the team had completed a diploma in contract management, and several officers had completed a foundation-level contract manager training and achieved accreditation. All commissioning managers had taken part in the 'inspiring leaders' managers training, and they were also encouraged to attend Association of Directors of Adult Social Services (ADASS) training and webinars on relevant subjects. This training meant the contract team understood what good practice should look like. Oliver McGowan training (training for and by people with a learning disability and autistic people) had also been rolled out and the local authority supported bespoke training for colleagues.

Learning from feedback

There were varied sources of feedback for the quality assurance framework including compliments and complaints; people who use care services; supervisions; safeguarding cases; adult social care team reviews; occupational therapy case reviews; AMHP approvals; Deprivation of Liberty Safeguards (DoLS) and best interest assessors; Practice weeks; quarterly contract monitoring of provider contracts and internal management reviews. Leaders described an open culture in terms of feedback and a desire to nurture an open dialogue from people receiving services and from carers and staff. Staff generally reported feeling listened to, and the authority was open to new ways of working. We saw evidence of the internal compliments, enquiries and complaints procedures being used and updated appropriately. We also saw health-check documents and action plans for social workers and occupational therapists.

The local authority had implemented an action plan based on the recommendations from the Local Government Social Care Ombudsman (LGSCO), particularly around complying with the MCA and around best-interests decision making. The LGSCO annual letter dated July '23, stated 26 investigations had been undertaken, with 81% upheld and based on 18 outcomes 100% of cases were satisfied with no late remedies, or risk flags.