

# 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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There was a positive culture of continuous learning and improvement in the local authority. Staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively. Learning and development were shared across the sector through strong infrastructure arrangements such as the Supporting the Provider Market Team and Care Academy. The local authority was improving its response to hoarding as a challenging issue in the area through the development of the Breakthrough service.

Staff received appropriate training and support to be able to carry out assessments in line with their job roles and in most cases had time to keep up to date with training. Some specialist training was identified and delivered to support staff groups who needed it, such as for substance misuse, autism, and hoarding in the mental health teams. The local authority's review of their reablement service, for example, found a minimal specialist training offer. Plans were in place to develop the reablement service to improve this.

Staff felt there was support for continuous professional development, though some found high caseloads made this hard to complete and there was not always protected time to do training. Some staff were unaware that specific Care Act training was available from the local authority to support continuing professional development.

In some instances, we received mixed feedback from staff on different staff groups' training or knowledge level. Not all staff were confident that there was a consistency of quality of mental capacity assessments across the area, for example, in staff's understanding of executive functioning. Not all staff in locality teams understood the level of experience or knowledge within the Social Care Direct team and expressed concerns that this created variation in how assessments were progressed. Frontline staff told us that the new hub model had helped to improve low morale for some staff. There was some disconnect between teams about understanding each other's roles, skills, and experience which may have been linked to structural changes. Staff felt more focused reviews of teams and communication across the service would help this.

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There were opportunities for reflective supervision and peer support, and most staff felt supported by their line managers, specialists, and teams. Focused practice development groups were held monthly on identified areas of improvement needed, such as the Mental Capacity Act 2005 and Deprivations of Liberty Safeguards (DoLS). Partner organisations were connected into team meetings to share their services and improve people's experiences.

The local authority recognised co-production was an area of development for them. There was an increasing focus on this work and the local authority had developed a 'rainbow of coproduction' toolkit which had been used effectively in several projects, for example, with carers to develop the carers 'plan on a page'. Carers were part of focus groups with the local authority and wider partners, including health and the voluntary and community sector, to ensure focus on their priorities, such as increased support to carers from minority ethnic backgrounds and those with sensory support needs, as well as increased availability of respite care and advocacy services.

Pilot schemes were ongoing around digital innovation. This included touch screen surveys and the Independent Living House which had all increased and improved people's independence and outcomes. Staff were excited about these opportunities and saw the possibilities for improved outcomes for people who used services when expanded across the service.

The local authority was well connected into regional work in the North-East region, including through the North-East Association of Directors of Adult Social Services (ADASS) group and the regional Directors of Public Health group as well as into the North-West and North Yorkshire. The local authority was involved in sector led improvement, with a key focus on the region's approach to international recruitment and supporting the care market. There was work ongoing with Durham University regarding research and connectivity across the system. There was a push to work with the university with the service on the doorstep in the county, rather than more broadly across the region. A recent marketplace on their research and projects from the university took place and staff were encouraged to support and learn.

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## Learning from feedback

The local authority learned from people's feedback about their experiences of care and support and made improvements. They worked with carers to recognise where services could improve or in coproduction with communities to redesign their Durham Locate service, which was ongoing at the time of our assessment.

The local authority was open to feedback from staff about what was working and what needed to improve. Staff felt managers and senior leaders were open, visible, and responsive. The Principal Social Worker and practice development team disseminated information and learning from audits. Not all teams knew about themes from complaints or general learning and how this was connected to people's feedback, which made some learning isolated.

The local authority had a robust response to complaints. Local authority data showed that there were 118 complaints received between February 2023 and January 2024. A slight increase in complaints had been noted over recent years but the proportion upheld was declining. A complaints officer for the service reviewed each complaint response to identify actions and learning. Examples of this included internal process improvements regarding Direct Debit instruction or advice to Registered Managers about the importance of wearing identification to support people's safety. National data from the Local Government and Social Care Ombudsman (LGSCO) indicated that the local authority had a higher than average uphold rate and number of detailed investigations in 2022 than for other local authorities of its type. The local authority's own data suggested that this had improved in 2023. The local authority clearly recognised its role to investigate and remedy fault where necessary. Responses to the LGSCO were timely and compliant.