Care Quality Commission

Lincolnshire County Council assessment

How we assess local authorities

Assessment start date: 11 May 2023

Assessment published: 17 November 2023

Assessing how local authorities meet their duties under Part 1 of the Care Act (2014) is a new responsibility for CQC. We have been piloting our approach to these new assessments in 5 local authorities who volunteered to participate. Our assessment of Lincolnshire County Council was part of the pilots. We will be incorporating any learning from the pilots and evaluation into our formal assessment approach.

About Lincolnshire County Council

Demographics

The population is currently 755,833, with approximately 30% of people over the age of 65 and a projection for the trend towards an increase in older people set to continue.

Lincolnshire County Council area covers 7 districts and is the fourth most rural county in England.

The Index of Multiple Deprivation (IMD) for the overall area is 4 (10 is the most deprived). There are variations in deprivation across the area.

There are 9 'communities of interest' identified as the groups of people most at risk of health and social care inequalities.

Financial facts

- The local authority estimated that in 2022/23, its total budget would be £895,817,000. Its actual spend for that year was £917,896,000, which was £22,079,000 more than estimated.
- The local authority estimated that it would spend £230,464,000 of its total budget on adult social care in 2022/23 Its actual spend was £234,568,000, which is £4,104,000 more than estimated.
- In 2022/2023, 26% of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2022/23 and 2023/24. Please note that the amount raised through adult social care precept varies from local authority to local authority.
- Approximately 10,495 people were accessing long-term adult social care support, and approximately 2,350 people were accessing short-term adult social care support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority indicative rating

Good: Evidence shows a good standard

Summary of strengths, areas for development and next steps

There was a real focus on prevention, independence and maintaining and developing people's own skills to prevent and delay the need for more formalised care and support. There was a range of services on offer to people with the aim of supporting their wellbeing. The frontline teams used a strengths-based approach to assessment and support planning, which enabled them to consider people's strengths as well as areas of their life where they may need some support. This approach was being rolled out to partner organisations to ensure a consistent approach.

The focus on partnership working and collaboration was strongly embedded with staff supporting this approach. The expectation of staff to build relationships and work effectively with partner organisations, even in the teams that were not fully integrated, was clearly understood.

There was clear leadership with effective governance and risk management systems in place. Staff morale was high, with staff confirming they had good opportunities for learning and development. Investment has taken place to develop the workforce internally as well as in partnership with regulated providers to try to address some of the workforce challenges in the area. The local authority had a commitment to commissioning other organisations to provide services where it was felt that they had the skills and experience to do so to a high standard.

All staff and leaders had a good understanding about the inequalities within the area and the challenges of the geography. These priorities were clearly identified in formal strategies.

People who required an initial assessment or further support did not have to wait long. The waiting lists were low, with a risk-based approach to managing them with action taken if risk increased.

There have been issues with the arrangements for financial assessments to be carried out for direct payments and delays in the actual payment of these. The local authority was already aware of these issues and had started to take action to address these.

The pathway for autistic people was not entirely clear, with no social work team identified specifically to support them. They were allocated to either the learning disability team, the mental health team or the adult frailty and long-term conditions team. The local authority is a key partner in the Autism Partnership Board, and it is expected that further work will be developed in respect of the support offer for autistic people.

The re-provision of the homecare contracts has led to clear benefits in terms of the reduction of missed calls and 'hand back' of contracts. There are processes in place to offer an alternative provider if a person doesn't wish to use the identified provider for that area or they can choose to have direct payments. The local authority is due to carry out another survey of people receiving homecare, so will be able to review how effective the new commissioning model is, including people's views regarding choice.

While the local authority is meeting its Care Act duties regarding the management of safeguarding concerns, there were still times when partner organisations did not understand the criteria for a s42 enquiry or what action was being taken if a formal investigation did not take place. The local authority needs to continue with its ongoing communication with partner organisations about safeguarding.

The pathway for young people in transition to adult services was not always clear, with some young people moving to social work teams without dedicated transitions staff.

Summary of people's experiences

The majority of people with lived experience had positive experiences. They spoke about the assessment process and the subsequent support planning, which had mostly led to positive outcomes for them, including for unpaid carers. The main challenge for people who had a less positive experience was the lack of a clear pathway for autistic people and for young people transitioning to adult services.

Some people found the website was not easy to navigate and found that it was not always clear to understand who provided the Wellbeing services, while others found it a helpful resource.

The local authority's own surveys, and our own discussions, found that people spoke highly of the individual members of staff and of the time they took to fully understand their needs.

People told us about the opportunities for them to be involved in co-production and their confidence that action would be taken in response to gathering their views.

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Theme 1: How the local authority works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Indicative score:

3 - Evidence shows a good standard

What people expect:

“I have care and support that is co-ordinated, and everyone works well together and with me.

“I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.”

The local authority commitment:

“We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.”

Key findings for this quality statement

The implementation of the strengths-based approach to assessment to ascertain people's abilities, needs and wishes had been rolled out across the local authority following work with an external organisation that supported this process. The principal social worker now leads on this work to ensure that it is fully embedded as well as leading on the quality assurance of this approach. Frontline teams were positive about this approach and gave examples of how this had improved outcomes for people, as well as increasing the staff satisfaction with the way they were working.

The local authority worked with partners in a collaborative way. Where these organisations were involved in the assessment and review of people's needs, they had also received the strengths-based approach training so that there was a consistent way in which people have conversations with staff about their abilities and needs. This includes the partner organisation that provide the Customer Service Centre and health staff who worked in the integrated teams.

The local authority's data shows that waiting lists were low, with currently nobody waiting for an assessment from the social work teams that support people with a learning disability or a mental health need. The waiting list for people waiting for an initial assessment through the other teams was less than 100 and a risk-based approach was taken so that any urgent situations received contact within 24 hours. Staff told us that all assessments took place within the planned 28 days and that they had the staffing resource to do this.

National data shows that the local authority achieved a higher than national average completion of reviews, both planned and unplanned, for those receiving long-term support. An internal survey, the 'Needs Assessment Pathway' survey, had recently been carried out and from the 102 respondents there was an overall satisfaction level of 7.83 (highest score being 10). The key themes identified were that people felt there was a positive impact for them from the support they were receiving, they were satisfied with their support and that the staff were helpful and informative. The areas for improvement were that some people felt that it had taken too long for their support to start following their assessment.

People we spoke with were mostly positive about the process for obtaining an initial assessment from the local authority. We received positive feedback about the communication with the frontline teams and people confirmed that they were kept informed about the plans for their support. The involvement of someone from the carers team in the Customer Service Centre meant that people were able to be referred quickly to that team when the contact staff identified that someone was an unpaid carer.

Carers had mixed views about whether annual reviews of their needs took place, with some saying the social workers initiated the review and others saying that they had to chase the team to have a review. The carers team are currently working with the primary care networks regarding the provision of information about the definition of an unpaid carer and the support available to them. This was one of the ways of trying to reach unpaid carers, as the local authority knows there are high numbers of unpaid carers who do not have contact with them.

There was a much higher than national average take-up of direct payments. The financial assessments were carried out by a partner organisation and the local authority has identified that there have been some issues with delays in assessment as well as delays in the direct payments being paid. There was a clear plan in place to address this. We received positive feedback from people who have direct payments about the flexibility that enables them to have more choice about where and how they access support. There was an independent organisation available to support people with issues such as recruitment and paying staff.

The local authority was one of the first in the country to implement the Trusted Assessor process, which enabled people other than social workers to receive training before carrying out assessments of people's needs. They are currently running a pilot with a small number of homecare providers carrying out the initial assessments of people's needs as part of plans to prevent delays in people receiving a service. This is yet to be fully evaluated.

Supporting people to lead healthier lives

Indicative score:

3 - Evidence shows a good standard

What people expect:

“I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.”

“I am supported to plan ahead for important changes in my life that I can anticipate.”

The local authority commitment:

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Independence and prevention are key themes within the Joint Strategic Needs Assessment and other strategies that are developed from that, including the Joint Health and Wellbeing Strategy and Better Lives Integrated Care Partnerships Strategy. The aims of the strategies and the focus on independence and prevention were well understood by staff and leaders.

The Lincolnshire County Council website provides information about the services provided and about the various ways in which people can contact the local authority. There are links to the Wellbeing service, which is provided by a partner organisation. There are also links to the Carers service. We had mixed feedback from some people about how easy it was to find information when first using the website and that one of the main difficulties was a lack of clarity about which organisation was providing the different levels of support and how they linked with the local authority. Work is currently being undertaken with people with lived experience to review the accessibility of the website. The local authority had carried out an engagement exercise with people using the Wellbeing service where positive responses were receive in terms of how the service enabled increased independence for people.

The strengths-based approach adopted by the frontline assessment and social work teams had a real focus on what the person was able to do for themselves, what their strengths were and what their current support networks were. This formed the basis of the conversation about where their need for support was. This was confirmed in our discussions with staff who were all positive about the focus on independence and wellbeing and gave examples of positive outcomes for people.

Frontline teams all spoke about working closely with other teams within the local authority as well as with partner agencies regarding the sharing of information about what services, including voluntary and community services, were available to people to support them to maintain their independence and delay or prevent their need for formal services.

There was a joined-up approach across public health, district councils, health partners and the local authority in looking at housing, based on a recognition of the effect of poor housing on a person's wellbeing and ability to retain their independence. The need for additional Extra Care housing schemes, as well as bespoke options for people with complex needs, has been identified as areas for development.

The reablement service provided to people discharged from hospital was provided by a partner organisation. Data shows that there had been a positive impact for people in terms of gaining back their independence following a stay in hospital. For example, 57% of people did not need any service following a period of reablement and 90% of people who did require a further service were more independent than at the point of discharge.

There was a real focus on enabling people who required support and unpaid carers to take up the option of receiving direct payments if that is what they wished to do. The take-up of direct payments was 41.95%, which was above the national average. People gave us examples of how using direct payments had enabled them to retain more control over their support as they were able to make their own decisions about who provided that support and in what way.

Equity in experience and outcomes

Indicative score:

3 - Evidence shows a good standard

What people expect:

“I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals”

The local authority commitment:

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

There was a consistent understanding from everyone we spoke with, from senior leaders to front line staff, about the inequalities within the county and the particular challenges of the geography. These priorities were clearly identified in the formal strategies, with plans in place to address them. For example, the Communities of Interest document provides additional information about the 9 identified communities in the area that were at risk of health and social care inequalities. This was supported with leadership from the Director of Public Health and through partnership working with health colleagues.

The Public Health report 2022 clearly identifies the challenges that each of the 4 identified geographical areas experience across Lincolnshire. The 4 areas identified are: Urban Centre, Urban Industrial, Rural and Market town, Coastal communities. The report is clear about the demographics of each area and the challenges and opportunities that each area presents. There are clear recommendations for further consideration at the end of the report for the local authority to consider in partnership with the rest of the health and social care system in Lincolnshire.

People with lived experience told us that there were opportunities for them to get involved in co-production in relation to the accessibility of the information provided by the local authority. For example, people with a learning disability had been involved in developing easy read formats and some staff have had training in the use of alternative communication methods so that they were able to gather views from more people.

The local authority website had information about how to change some of the accessibility options so that users can change their preference, including a voice activation option. The local authority was committed to improving the accessibility and there was a function on the website for people to make suggestions for improvements. Staff told us that they were able to request information in alternative languages and that they did not have any problems in obtaining interpreters when needed.

The frontline staff teams told us they were encouraged to be creative and flexible in their approach to engaging with people in general, but with particular focus when supporting those people who were part of communities that were at higher risk of health and social care inequality. There was joint working with partners from housing and the voluntary and community sector to work towards improving the access to support those communities.

For example, the local authority had been influential in the development of a multi-agency approach to supporting people with complex needs who needed longer-term support with a focus on prevention. One of the criteria for support from this team was that the person was from a community considered to be at particular risk of inequality.

The recently revised commissioning for homecare was carried out partly in response to the challenges of providing homecare to people living in rural areas and the previously high number of people waiting for homecare in those areas. The revised commissioning has meant there were very few delays in obtaining homecare and there have been no occasions when providers have said they are not able to provide care to people at short notice.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity

- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Indicative score:

3 - Evidence shows a good standard

What people expect:

"I have care and support that is co-ordinated, and everyone works well together and with me."

The local authority commitment:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

The frontline social work teams are set up based on 3 identified primary support needs: learning disability, mental health and adult frailty and long-term conditions. There are plans to create a social work team specifically for people with a physical disability. Most people gave us positive feedback about their experiences of contact with the local authority teams and the support arranged for them. This was consistent with the feedback the local authority had gathered from people using its service.

The staff teams were committed to partnership working, both with colleagues internally and with partner organisations. This approach was clear within the integrated teams as well as those teams that were not formally integrated.

Where complaints had been received about the provision of support, action had been taken to address these. For example, a review of complaints in 2022/2023 identified some concerns about communication and the length of time between initial contact and further contact. The local authority reviewed this issue with the teams involved and made changes so that the contact service was supported to be able to answer more generic queries directly. This meant that the social work teams were able to focus on other work. Staff involved told us that this had been a positive change.

However, we received some less positive feedback about the pathway for autistic people who did not also have a learning disability. There was no team specifically to support autistic people and therefore they could be supported by any of the teams, depending on the person's specific needs. The local authority is a key partner in the Integrated Care Partnership development of the Autism Partnership Board, which oversees the Lincolnshire All Age Autism Strategy.

There were effective systems in place to ensure that the local authority gathered feedback from people who used services, staff, and partner organisations so that is was able to identify where there were gaps in the provision of services. There was a real focus on partnership working to address issues. The relationship with the registered providers of homecare, residential and nursing homes was very positive and there was joint working with them with regards to shaping the market to ensure that appropriate services are developed to meet people's needs.

There were times currently when local people with complex needs may have to access more specialist services in a neighbouring county due to the lack of local available services. Joint working was taking place with health partners regarding developing services for people with a learning disability and for those with mental health needs, to prevent admission to hospital and to be able to discharge people when they were ready for discharge from long-stay hospital admissions.

Some of the geographical challenges relate to the rurality of the area and the difficulties this can bring regarding workforce, transport and lack of local services. This had led to long delays in obtaining homecare in some areas and homecare providers handing back packages of care as they were not able to fulfil them. The revised commissioning for homecare had addressed many of those previous issues. In addition, it reduced the number of packages of care that were handed back and missed visits.

The new commissioning process has identified a small number of providers that cover specific geographical areas. They are able to subcontract with another provider that does provide a limited choice if the person does not want to use the preferred provider identified for the area in which they live. There is also the opportunity for the local authority to spot purchase a different provider or for the person to have direct payments, which enables them to have more control over who provides their homecare.

The local authority is currently working with people who use services and staff to agree actions following a recent survey of people using day services. One of these issues was the inflexibility of times when people could attend as they relied on transport, which was not always available at the times that they wished to use it.

We received mixed views about the transitions service for young people transitioning to adult services. Young people were allocated to an adult's team in the year before they become 18 and the involvement of adult social work teams with the children's team before this was variable. Currently, the only dedicated transitions social workers are within the learning disability team.

There were plans to appoint a transitions worker within the adult frailty and long-term conditions team who will work specifically with young people with a physical disability before the planned development of a social work team specifically for people with a physical disability. This means that there were other young people with differing needs who will be allocated to a generic social worker rather than a social worker with additional skills and knowledge with regards to transition.

Partnerships and communities

Indicative score:

3 - Evidence shows a good standard

What people expect:

"I have care and support that is coordinated, and everyone works well together and with me."

The local authority commitment:

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working was one of the real strengths of the local authority. High level strategies were co-produced with partner organisations where appropriate and have a focus on partnership working. The commissioning strategies were focused on partnership working with appropriate governance systems in place to oversee the quality of the service. There were examples of pooled budgets with the local health system and integrated teams, for example the hospital discharge teams. The local authority was seen as an equal partner by those in the health system.

The feedback was very positive from all the partner organisations we spoke with, including health, voluntary and community sector, service user-led organisations and providers of homecare and residential/nursing care. They all spoke very highly of the commitment of the local authority to working in this way. They spoke positively about the quality of the relationships between the local authority and themselves with the shared view that, despite the occasional challenges in working in this way, the local authority was committed to it.

There was a shared aim of achieving improved outcomes for people through joint working, whether this was through formal partnership agreements or through less formal relationship building with other teams and organisations to best be able to meet someone's needs.

We received mixed views from people about how smoothly their move between services was, with most people satisfied with the communication and support when they moved between services. However, some reported that they felt that communication could have been improved. The local authority had already identified areas where improvements were needed and some of the more recent service developments, such as the integrated hospital discharge teams, had resulted from that.

There are section 75 agreements in place with health providers, which enables the local authority to commission health providers to commission and provide social care. These are in place for services for people with a learning disability as well as people with a mental health need. We heard about positive outcomes for individuals because of the health and social care teams working in this way. This included people being involved with one professional rather than several, which had been their experience previously. This enabled them to build more effective relationships with them and meant that they did not have to keep repeating their story.

Theme 3: How the local authority ensures safety within the system

This theme includes these quality statements:

- Safe systems, pathways and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe systems, pathways and transitions

Indicative score:

3 - Evidence shows a good standard

What people expect:

"When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks."

"I feel safe and am supported to understand and manage any risks."

The local authority commitment:

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

The commitment to partnership working and to the provision of personalised care had led to improved outcomes for people when they were moving between services. One of the challenges for integrated working was the issue of information sharing through the computer systems. The local authority is working with health partners regarding this and so far, has achieved read-only access for staff in the integrated teams.

A fully integrated hospital discharge team started working together a year ago and is achieving positive outcomes for people being discharged from hospital. The team worked closely with the other services available for people who required varying levels of support when discharged from hospital. This varied from a voluntary service providing transport and shopping, to the reablement team providing longer-term support. The local authority's data, as well as national data, showed that the support had enabled increased numbers of people to return home and remain at home rather than requiring longer-term support such as residential care.

The local authority was one of the first in the country to implement the Trusted Assessor system, with some regulated providers carrying out the assessments for people waiting for discharge from hospital. This, along with the development of other services, such as the Community Connectors scheme, some with partner organisations, has led to improved pathways for people ready to be discharged from hospital. There were additional plans that could be quickly implemented to support at times of pressure, such as during the winter, when there are likely to be higher than usual admissions to hospital.

The contracts team had a risk management system in place for providers of homecare and residential/nursing homes. This ensured that support was provided to those where there were concerns about the quality of the service being provided. The providers spoke highly of the relationships with the contracts and commissioning teams and about the positive partnership working that took place, even when dealing with challenging issues. This meant that the providers had a good understanding of the services that are going to be needed in the future and felt part of the discussions and planning for this. The providers also found that due to their positive relationships, they were more likely to speak to the local authority teams for advice and therefore any issues could be dealt with at an early stage.

The pathway for people in transition from children's to adult's services was not always as seamless for families as it could be. The local authority is currently planning for additional frontline social workers to take a lead on transitions within the social work teams.

Risk assessment was a core aspect of the assessment of people's needs alongside the focus on personalised care and support. Social work staff who we spoke with were aware of the legal frameworks in which they worked, as well as the importance of respecting individuals' choice. Staff told us that they were able to obtain the service of an advocate when people required one. The advocacy provider confirmed this and that they were able to provide advocates for support with Care Act assessments in a timely way.

The development of the multi-agency Team Around the Adult service aimed to provide additional support to those people who have complex needs and require that support to maintain their safety and wellbeing. This meant that the most vulnerable people received the support from the most appropriate professional at any specific time and we heard examples of positive outcomes for people.

Safeguarding

Indicative score:

3 - Evidence shows a good standard

What people expect:

"I feel safe and am supported to understand and manage any risks."

The local authority commitment:

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

The Safeguarding Adults Board Strategy clearly set out the identified risks for the area and had work streams that were monitored to ensure action was being taken to address the risks effectively.

Information about safeguarding and how to make a referral to the safeguarding team was available on the local authority website, including specific information for unpaid carers. All the frontline staff we spoke with had a focus on safeguarding and ensuring that risks for people were reduced in line with their right to make their own decisions. All staff were confident in the safeguarding policies and processes.

National data shows that the local authority is in line with the national average in the numbers of people who received a service, and unpaid carers reporting that the service they received makes them feel safe.

The local authority was clear in its adherence to the Care Act definition of safeguarding and section 42 enquiries. A s42 enquiry is where the local authority believes that someone is at risk of harm or abuse and therefore further enquiries need to be made. The local authority's own audits of safeguarding referrals and subsequent action taken show that it had met its Care Act responsibilities in terms of safeguarding. The most recent internal audit also showed that 96% of people who were subject to a safeguarding enquiry reported satisfaction with the way in which it was carried out and the outcomes.

All safeguarding referrals went to the safeguarding team where they were triaged. Decisions were made at that point as to whether the referral would proceed to a s42 enquiry and if so, who should carry that out. If it did not meet the criteria for the enquiry, then a decision was made as to who should be responsible for further discussion about the issue. The out-of-hours duty team consists of Approved Mental Health Professionals (AMHPs) who were responsible for reviewing the s42 responses carried out by regulated providers. The overall oversight of these enquiries remained with the safeguarding officer.

There was guidance available for partner agencies regarding what the Care Act criteria was for a safeguarding referral and s42 enquiry and the local authority had carried out learning sessions with partner organisations. However, these were not well understood by all partner organisations, which could lead to differences of opinion about whether safeguarding concerns had been dealt with appropriately.

Learning from safeguarding enquiries as well as Safeguarding Adult Reviews was collated and shared with front line teams.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Indicative score:

3 - Evidence shows a good standard

The local authority commitment:

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

The leadership of the local authority was stable, which enabled longer-term plans to be put into place with time to embed. Monitoring activity ensured the effectiveness of new ways of working, which enabled the management team to make decisions about whether further improvement was needed.

The governance arrangements were effective in providing oversight of the provision of assessment, ongoing care and support to people. This included effective challenge at the Scrutiny Committee by councillors. For example, the Quality and Safeguarding Board was responsible for overseeing safeguarding, quality of services, complaints, and market risk. There were clear lines of accountability and reporting to the senior leadership team. Frontline teams told us that the Director of Adult Social Services and Assistant Directors regularly spoke to them about their views and that they were confident that they were listened to as they could see that action was taken to address issues.

There were effective working relationships between the leadership team and partner organisations, which had led to the development of a high number of partnership ways of working.

Whilst we did not speak with many people with lived experience about the leadership of the local authority, we did hear from one person who assured us that they were able to contact the Director of Adult Social Services. They told us they had done this and were very happy that they had been listened to.

Feedback from partner organisations, as well as internally within the local authority, was that the Director of Adult Social Services has excellent communication skills with a real focus on developing partnerships in order to meet people's individual needs. They were all positive about the culture of the local authority being set by the Director and that culture was being embraced throughout the teams. Frontline staff teams told us that they felt well supported by the management teams and able to discuss challenges and issues with them.

An audit of the local authority's risk management processes had recently been carried out by an external organisation and the outcome was that there were comprehensive and effective risk management processes in place with clear leadership from the senior leadership team.

The local authority had invested in developing its own workforce and that of partner organisations involved in providing services as a way of maintaining sustainability. In recent years, the ratio of qualified staff in frontline teams compared with non-qualified staff had increased. There were processes to enable staff to be trained through apprenticeship and other schemes to become qualified social workers. This had helped with staff recruitment and retention. While there were some vacancies across the teams, these were not high in number, and the majority were in the process of being recruited to.

Work had taken place with the provider forum which had been supported financially to take on the role of rolling out training to the providers of homecare and residential/ nursing care homes to assist with recruitment and retention of staff. There were also processes in place to ensure that the risk to people using services was minimised if a regulated service failed. There were procedures to deal with interruptions to service and learning from the pandemic had been taken forward in plans to deal with any future similar situations.

The local authority was proactive in seeking out the views of people with lived experience to gain their views about the care and support they were receiving. In addition, they involved people in the co-production of strategies for how services could be developed. Work is currently taking place to review the co-production by the local authority and partner organisations against national guidance relating to co-production best practice.

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

There was a real focus on staff development and learning. Frontline staff all confirmed that they were given opportunities for mandatory training, as well as any specific training that would enable them to carry out their roles more effectively. There were opportunities for a number of unqualified staff to commence social work training each year. The programme of training about strengths-based practice had been rolled out across the local authority over the last year and the approach was clearly embedded in practice.

There were clear systems to ensure that learning from complaints, Safeguarding Adults Reviews (SAR) and any internal audits were shared. This was done in a variety of ways including staff learning events, through managers at team meetings and through written updates. The shared learning from a SAR led to the development of the Team Around the Adult as teams took action to address the learning points. Where the need for improvement was identified, the required actions had been completed or were being implemented.

The senior leadership promoted a culture of openness and transparency and commissioned surveys to be carried out by the internal quality monitoring team as well as external organisations such as Healthwatch. There was ongoing work with the local university to carry out research on behalf of the local authority and to evaluate new systems of work to ensure it was effective.

The Continuous Improvement Plan recorded areas where improvement was needed, and senior leaders monitored this to ensure progress. One of the areas was the further development of technology enabled care (TEC). While many examples of TEC were provided, the local authority and staff have received training to ensure it is considered as part of assessments. Further development is planned.

We heard examples from frontline staff and people with lived experience about the focus on being creative about how people's support is provided, particularly for those in situations where support may be more challenging to provide. The very real commitment to partnership working and seeking out the organisations with expertise in particular areas had led to more effective ways of ensuring that people's individuals needs were met.

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