

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

Almost unanimously staff fed back they were proud to work in Surrey feeling they made a positive difference to people's lives through the work they did. Frontline staff were most proud of their team's resilience and the support they gave to people. Staff were recognised for outstanding contributions through a scheme called 'Stars in Surrey'. Examples were of staff going over and above to support people in need. For example, one staff member went to a person's home after work hours and when they realised something wasn't right, raised the alarm to the emergency services to get them medical support.

Staff enjoyed working in their teams but fed back they would like to have more of them. There could be delays in recruitment but they had been involved in supporting this area. One key challenge in recruitment and retention of staff was related to the cost of living in the area. An International Recruitment Project Plan 2024 demonstrated the local authority had plans in place to support international recruitment of registered social workers and occupational therapists to support internal local authority workforce challenges.

Staff explained despite the pressures, there was a plan for optimising work and team collaboration that prioritised tasks based on urgency and impact utilising available staff where needed. There was a good mix of most staff when completing assessments and the necessary skills mix in teams. Effective risk management and wellbeing strategies were considered essential, particularly in roles that involved lone working and high-risk environments. By implementing safety protocols, using technology to monitor and support workers, and fostering a culture of reflective practice and support, they felt supported.

Most staff were able to raise concerns they had. Some expressed a feeling of being overwhelmed with the amount of work at times but always well supported. Support was given in various ways such as through a buddy system or by collectively meeting any challenges that arose. Staff felt they had good professional support from senior staff whom they could approach for professional advice and guidance. However, others felt there could be some improvements in terms of professional supervision particularly for more senior staff.

The local authority had a focus on staff personal growth and development. An academy had been developed which was headed by the Principal Occupational Therapist. They had expanded the opportunities to provide continuous learning for career progression, these included opportunities to become a qualified social worker, occupational therapist, or approved mental health professional. Other staff had told us how they had received training to support others through mentoring and practice developments for students.

There was an adult social care workforce strategy in place, which outlined a number of themes, including training, digital and technological developments, and culture which demonstrated ongoing and future planned actions to continue to develop the staff workforce at the local authority.

Current staff training was mainly provided through an online portal. Some staff felt there was a lack of access to some training, or there could be long waiting lists for others. For example, training on hoarding and domestic violence, both of which areas had been identified as an increasing area of service demand. We heard feedback that accessing relevant specialist mental health training had been more challenging since the separation of the health and social care integrated teams. Other staff told us they had to juggle the pressure of workloads with making themselves available for training, which sometimes meant training was delayed. Specific training on autism had positively equipped staff with critical assessment skills, such as considering environmental factors like lighting, food textures, and noise when supporting people. Other training around understanding housing tenancies and accommodation options had also been welcomed.

Commissioning staff had the opportunity to gain commissioning qualifications. Staff who had completed training in this area shared with us the improvements this had made in developing their skills in market shaping and co-production.

The local authority had an equality and diversity (EDI) lead who had implemented several initiatives. These included networks to support staff groups with protected characteristics and other groups to support career developments. Staff had attended cultural away days which had an EDI focus and provided a personal approach to learning developing staff understanding of working with different communities.

Community of Practice meetings, served as a key forum for all operations leaders to discuss practice and practice improvements. These monthly meetings provided an opportunity to focus on topics from work. Staff confirmed where improvements or changes were needed, they could be actioned quickly and changes agreed. For example, incorrect information in a form needed to be amended and this forum meant this was addressed promptly.

The local authority had taken opportunities to use co-production to support the development of strategies, training and understanding of the needs of the market. These included co-production groups such as with unpaid carers, people with learning disabilities and autistic people, and dementia. Staff gave an example where they had highlighted that carers assessments could be improved to senior leaders, resulting in a change project which improved the process and obtained funding for carers. Local authority innovation funds enabled smaller community organisations to target local projects such as dementia cafes and help seek out new carers in communities such as the Roma/Gypsy Community.

Partners and people we spoke with in relation to co-production, reflected on a number of positive initiatives including the development of the Autism strategy 2021-2026, which had previously been combined with the learning disability strategy. From these developments an in depth training has been carried out with workshops run by autistic people. Co-production had also supported the development of the Physical Disability and Sensory Impairment strategy and a strategy for unpaid carers. An easy read guide supported people to understand what co-production was and how to get involved if they wished to.

One partner told us they were previously involved in developing a rapid discharge service to free up hospital care with the local authority and health and that they felt the local authority displayed 'incredible flexibility and innovation' in this. All three partners worked closely which was not always easy, but they felt it was an incredibly successful outcome for people. Following this they were now developing a domiciliary care model and have jointly funded a post to support this work. They said these developments would not have worked without the appropriate mindsets, skills and experience.

The local authority used technology to support people to be more independent, have more control of their lives and help make decisions in relation to risk. They had introduced the 'Brain in hand' App for people living with a mental health condition. This technology was to help people to better support themselves in their daily lives alongside people's own support networks and to help them develop and deploy strategies to tackle everyday tasks and challenges. A 12-month evaluation was currently being completed, however, the interim outcomes were positive and coaching sessions supported people's progress against their goals, such as building a structured routine and keeping on top of household tasks. One of the App's features was a traffic light mood monitor which promoted self-monitoring and self-regulation. The red traffic light could be used to send an alert to a 24-hour response service who contacted the person to help them get their day back on track. For some people the App had reduced admissions and presentations to hospital.

Other technology options had been used, for example voice activated technology to support greater independence or the use of an air fryer cooker to support independent cooking and reduce the risk of fire from traditional domestic appliances. The project had grown organically from a couple of local areas in Surrey.

Learning from feedback

Feedback the local authority had gathered about people's experience of assessment and care provision was from a range of sources including people's groups, data and surveys. This identified some key areas for development which were consistent with our findings. These included communication, timeliness and improvement needed in relation to information.

The local authority was open to feedback from staff about what was working and what needed to improve. Staff shared with us examples of areas of work which had been identified to senior leaders, and then the work which had taken place to drive improvements. The Principal Social Worker was accessible and provided regular communication to the teams. Their inclusion in the leadership team ensured that the voice of social work and other professionals was heard at a senior level.

There was evidence of when learning had taken place from incidents. For example, following a fire and death of a person there had been learning to determine if anything could have been done differently, learning to improve services or suggestions for training. Other learning for teams came from LeDeR (Learning from Lives and Deaths of People with a Learning Disability and Autistic People) which is a service improvement program that reviews deaths, identifies issues, and takes actions to enhance health and wellbeing. For example, findings identified unmanaged constipation was a leading cause of death for people with a learning disability and autistic people. This knowledge enabled staff to understand this risk and provide better support to people in relation to this area of their care.

The local authority had a robust response to complaints. Local authority data showed complaints between March 2023 to February 2024 related to the themes of funding decisions, communication, service provision and staff. Complaints were monitored and the delivery of actions in response to these. Periodic learning sessions were held to share and reflect on learning, with recent topics including record keeping and communication.

Healthwatch had raised through the local authority scrutiny committee that data which related to complaints needed to identify the area in which the people lived to give a demographic breakdown to identify where in the area issues were prevalent. Complaints were analysed by people's protected characteristic and highlighted disproportionately more complaints from, or on behalf of, young adults and people with a learning disability and/or autism, but less from unpaid carers. This intelligence had informed actions to raise the profile of the complaints process with unpaid carers and carer organisations.

Action had been taken to address the complaints raised through training and reinforcing with staff the importance of good communication with the person, their family and unpaid carers throughout the customer journey.

One complaint raised an issue of sharing people's personal data without consent. This related to a referral between the local authority and the police. Staff from the local authority have been working with the police to review and amend the referral form to include a section on consent.

The local authority had a serious incident policy and procedure which detailed the required action to be taken from the initial raising of an incident to the Safeguarding Adults Board. When a safeguarding adults review had been raised there was an action plan approach to address the risk and ongoing learning. Staff told us they felt their training was robust and focused on the person and their strengths.

Of the local authority complaints investigated by the Local Government Social Care Ombudsman (LGSCO), 84% were upheld compared to an average of 80% in similar authorities. In 100% of cases the LGSCO were satisfied the local authority had successfully implemented recommendations. There was a recognition of the importance to investigate and take opportunities for learning and in 9% of upheld cases the LGSCO found the local authority had provided a satisfactory remedy before the complaint reached them, compared to an average of 6% in similar authorities. Themes from March 2023 to February 2024 included DoLS, some examples of providing inadequate support to people when they came to Surrey from other areas, and some complaints which refer to accuracy of communication in relation to funding decisions. Actions taken as a result of these included training and reminders for staff, and reviews of team structures.
