

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

There was an inclusive and positive culture of continuous learning and improvement. The local authority fostered a culture where learning and improvement were embedded in everyday practice. Staff described regular reflective sessions, peer reviews, and professional development groups that encouraged open discussion and shared learning. For example, managers introduced peer reviews instead of traditional audits, which staff felt created a more holistic and supportive approach. This helped teams learn from each other and improve practice collaboratively.

Evidence from staff surveys showed that belief in the organisation's commitment to innovation increased, with more staff feeling poor performance was addressed effectively. This reflected a willingness to adapt based on feedback, which supported responsive and innovative service delivery. The local authority also acted on staff feedback to improve systems and processes, such as reviewing communication and work planning structures to help staff manage workloads more effectively. These changes supported consistent and uninterrupted care delivery, improving people's experience of timely and coordinated support.

The impact of this culture was seen in improved outcomes for people. For example, staff said that when they raised concerns about duty systems affecting consistency, the local authority introduced permanent duty roles. This meant people experienced greater continuity and familiarity, which improved their journey through care.

Local authority staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively. Staff had access to a wide range of training and development opportunities, including over 100 in-house training courses covering safeguarding, mental health, dementia, and trauma-informed assessment. The local authority also provided specialist workshops, such as those on the Mental Capacity Act and safeguarding prioritisation for newly qualified social workers. These sessions ensured staff understood legal duties and could apply them confidently in practice.

Supervision was structured to support reflective practice, caseload management, and professional development. Guidance emphasised equality, diversity, and inclusion as part of the supervisory relationship, creating a safe environment for critical reflection and challenge. This approach helped staff maintain professional standards and deliver safe, person-centred care.

The impact of these measures was evident in performance improvements. For example, audits showed 76% of assessments were completed within 30 days, and Mental Capacity Act audits rated 85% of cases as good or excellent following targeted learning events. This meant people received timely assessments and decisions that upheld their rights and wellbeing.

There was support for continuous professional development. The local authority invested in structured career pathways, including apprenticeships, Best Interest Assessor and Practice Educator qualifications, and leadership programmes. Staff described opportunities for mentorship, coaching, and action learning sets, which supported progression and confidence in complex decision-making. For example, the local authority introduced an early careers management programme for new senior social workers and a leadership pathway for managers. Staff also had access to external learning through partnerships with universities, which offered additional training and research-informed practice updates. These opportunities helped retain staff, with retention rates for newly qualified social workers increasing from 40% to 89% in one year. This investment in development created a stable and skilled workforce, which improved continuity of care and the quality of support for people.

The local authority worked collaboratively with people and partners to actively promote and support innovative and new ways of working that improved people's social care experiences and outcomes. Innovation was encouraged and supported at all levels. For example, the local authority trialled robotic process automation and artificial intelligence (AI) to reduce administrative tasks, saving 3,300 contacts and allowing staff to focus on higher-risk conversations. Staff also tested an AI bot to check on people and escalate changes in need, which sped up responses and freed frontline teams to focus on direct support. Feedback from people shaped these innovations, such as adjusting the bot's introduction and speed to make it more accessible.

Digital and care technology projects were co-produced with people to ensure solutions met real needs. For instance, people advised on medication technology and helped design communication for automated calls. These innovations improved people's experience by making services more responsive and reducing delays in care. A care technology project involved people in identifying gaps and testing solutions, such as technology to support medication management. Their input ensured the system was inclusive and practical. This collaboration meant people received technology that worked for them, improving independence and safety at home.

Co-production was embedded throughout the local authority's work. Co-production was a consistent feature across commissioning, service design, and strategic planning. People and unpaid carers described being involved early in projects, such as reviewing day services, trialling care technology, and shaping commissioning decisions. For example, people influenced the design of supported accommodation by stating they wanted their own front door, which was incorporated into the final model. The local authority supported this approach through a co-production charter and regular engagement forums. Unpaid carers and people with lived experience sat on boards and strategy groups, ensuring their voices informed decisions. This involvement helped challenge assumptions and create services that reflected real experiences. In terms of impact, this approach meant services were more person-centred and responsive. For example, people's feedback on carers' assessments led to the return of a single, streamlined form, reducing confusion and improving the experience for unpaid carers.

The local authority shared learning, best practice and innovation with peers and system partners to influence and improve how care and support was provided. The local authority engaged in sector-led improvement and knowledge exchange through regional networks and partnerships. For example, it launched a mentoring programme connecting staff with professionals across 14 London councils and shared best practice through professional forums and newsletters. These initiatives promoted a learning culture and supported continuous improvement across the wider system.

Staff and leaders engaged with external work, including research, and embedded evidence-based practice in the organisation. Leaders and staff worked with universities to embed research-informed practice and develop the workforce. For example, the local authority collaborated with Kingston University on anti-oppressive practice and safeguarding modules and engaged in research on culturally responsive services to address barriers for ethnic minority groups. This engagement ensured practice was informed by current evidence, improving the quality and inclusivity of care for people. The local authority partnered with universities to co-deliver training on safeguarding and equality, diversity, and inclusion. This partnership strengthened staff knowledge and confidence, leading to more culturally competent and legally compliant practice.

The local authority actively participated in peer review and sector-led improvement activity. The local authority drew on external support to improve when necessary. The local authority took part in self-assessment and peer challenge workshops, which identified strengths and areas for development, such as improving multi-agency responses to self-neglect and hoarding. It also commissioned external safeguarding reviews to ensure decision-making aligned with best practice and Care Act duties. These reviews highlighted strengths in risk management and partnership working and informed changes to streamline safeguarding processes.

This openness to external scrutiny and learning demonstrated a commitment to continuous improvement and accountability, ensuring people received safe and effective care.

Learning from feedback

The Local authority learnt from people's feedback about their experiences of care and support, and feedback from staff and partners. This feedback informed strategy, improvement activity and decision making at all levels. The local authority actively sought feedback from people, staff, and partners to shape services and improve outcomes. For example, feedback from people highlighted that some letters were difficult to understand. In response, the local authority changed the wording in letters and amended debt explanation leaflets to make them more person friendly. This helped people better understand financial information and reduced confusion.

Examples such as the demonstrator housing programme showed how the local authority worked with internal and external experts, social investors, and people with lived experience to plan future housing. People consistently said they wanted their own front door and bathroom, and this feedback influenced the design of new supported accommodation. This meant people had more choice and control over their living arrangements, improving independence and dignity.

Partners also described strong engagement. Voluntary sector organisations told us the local authority listened to residents when developing its public health prevention offer, which enabled services to be planned around people's needs. Another example was the carers survey, which influenced the carers strategy. This ensured unpaid carers' voices shaped priorities, leading to more responsive support.

The local authority also used national survey data and local feedback to identify themes. For example, analysis of the national user and carer survey informed improvement priorities, while local feedback identified concerns about home care standards and communication. In response, the Quality Assurance and Commissioning teams worked with providers to improve quality. This helped ensure people received safer and more consistent care.

The local authority introduced a feedback postcard and online survey system to capture people's experiences. For example, the postcard asked whether people felt more enabled and in control after assessment and invited suggestions for improvement. Feedback from this process was reported twice yearly to senior management and led to changes such as revised communication protocols and robotic automation of email processing. These changes improved responsiveness and clarity, making it easier for people to access timely support.

Another example was the co-production work on direct payments paperwork. People and partners said the process was confusing, so the local authority worked with them to streamline it. This reduced complexity and helped people manage their support more easily, promoting independence.

There were processes to ensure that learning happened when things went wrong, and from examples of good practice. Leaders encouraged reflection and collective problem-solving. The local authority had systems to learn from complaints, compliments, and service concerns. For example, quarterly meetings reviewed complaint trends and safeguarding priorities, while compliments were logged and used to highlight good practice. Staff were recognised through thank-you letters, promoting a culture of reflection and improvement.

Learning from complaints was analysed and grouped thematically to track systemic issues. For instance, delays, communication failures, and financial misunderstandings were identified as key themes. This enabled targeted improvements and supported equity across services. When concerns were raised about provider performance, the local authority introduced targeted monitoring and early interventions. This proactive approach reduced escalation and improved care quality, meaning people experienced safer and more reliable services.

Examples such as the Care Governance Board's review of the Community Equipment Service showed leaders monitored high-risk areas and required ongoing improvement plans. Although remedial actions were not always specific, the service remained a standing agenda item until improvements were achieved, demonstrating accountability and commitment to learning.

The Local Government Social Care Ombudsmen (LGSCO) 2024/25 data showed the local authority had a 1 detailed investigation and there was a 100% uphold rate. Compliance with remedies was 100%, with no late remedies or incidents of late compliance. The local authority also provided a satisfactory remedy before LGSCO involvement in 25% of cases, compared to an average of 12% for similar organisations. This indicated a proactive approach to resolving complaints early, reducing the impact on people and ensuring fair outcomes.