

## **ISLE OF ANGLESEY COUNTY COUNCIL**

### **Scrutiny Report Template**

<b>Committee:</b>	Corporate Scrutiny Committee
<b>Date:</b>	16/10/24
<b>Subject:</b>	Care Inspectorate Wales (CIW) - Improvement Check Visit to IOACC – Adult Services
<b>Purpose of Report:</b>	To share with the Corporate Scrutiny Committee the Care Inspectorate Wales letter which summarised the findings of the recent Improvement check visit to Adults Services, June 2024.
<b>Scrutiny Chair:</b>	Douglas Fowle
<b>Portfolio Holder(s):</b>	Councillor Dyfed Wyn Jones - Children & Families Services Councillor Alun Roberts – Adult Services
<b>Head of Service:</b>	Fôn Roberts, Director of Social Services & Head of Children and Families Services, and Arwel Owen, Head of Adults Services.
<b>Report Author:</b> <b>Tel:</b> <b>Email:</b>	Emma Edwards, Business Manager 01248 751887 emmaedwards@ynysmon.gov.uk
<b>Local Members:</b>	

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#### **1 - Recommendation/s**

The Committee is requested to consider:

**R1:** the Care Inspectorate Wales Improvement checklist letter in relation to Anglesey County Council's Adult Services, published on the 22<sup>nd</sup> August 2024.

**R2:** It is recommended that members:

- a) offer comment on the content of the report;
- b) ensure that the attached development plan, drafted by the Service reflects on key areas for improvement (summary below) and how best to assist in supporting our future work.

#### **2 – Link to Council Plan / Other Corporate Priorities**

All work undertaken by our Social Services can be directly linked to one of the six strategic objectives stated within the Isle of Anglesey Council Plan 2023-2028.

Our independent regulator CIW purpose is to:

- 1) carry out functions on behalf of Welsh Ministers to provide assurance on the quality and safety of services
- 2) decide who can provide services
- 3) inspect and drive improvement of regulated services and local authority social services

- 4) undertake national reviews of social care services
- 5) take action to ensure services meet legislative and regulatory requirements
- 6) respond to concerns raised about social care and childcare services

Following our previous Care Inspectorate Wales Performance Evaluation Inspection (PEI) of our Social Services departments, which was published on the 14th December 2022, we updated members of the Scrutiny Committee with a work Plan. Today we include an updated work plan which outlines progress.

The Report will also assist in shaping the next council plan as well as the departmental self-assessment and business plans.

### **3 – Guiding Principles for Scrutiny Members**

#### **To assist Members when scrutinising the topic:-**

#### **3.1 Impact the matter has on individuals and communities :**

The report gives reassurances to both members and citizens that IOACC Social Services are performing well- the report identified areas of strength, good practice and service development and did not highlight any areas of significant risk or safeguarding matters.

#### **3.2 A look at the efficiency & effectiveness of any proposed change – both financially and in terms of quality [focus on value]**

The Council is well aware of the financial challenges, and we social services are working closely with Finance colleagues to meet these challenges, whilst also meeting the needs of our citizens.

#### **3.3 A look at any risks [focus on risk]**

Our social services departments both continue to review their risk register on a regular basis.

#### **3.4 Scrutiny taking a performance monitoring or quality assurance role [focus on performance & quality]**

The report will be shared with both Social Services Scrutiny Committee and the corporate scrutiny committee, as will the adult services development plan in due course. We will continue to offer evidence of our performance and improvement journey.

#### **3.5 Looking at plans and proposals from a perspective of:**

- Long term
- Prevention
- Integration
- Collaboration
- Involvement

[focus on wellbeing]

#### **3.6 The potential impacts the decision would have on:**

- protected groups under the Equality Act 2010
- those experiencing socio-economic disadvantage in their lives (when making strategic decisions)

- opportunities for people to use the Welsh language and treating the Welsh language no less favourably than the English language  
[focus on equality and the Welsh language]

#### 4 - Key Scrutiny Questions

1. The Report is very positive on the whole. What plans are in place to monitor progress against the areas that need addressing?
2. What are the main strengths and how can we communicate these to celebrate our successes?

#### 5 – Background / Context

##### 1. Background:

The Social Services Departments, both Children and Families and Adults Services were inspected by Care Inspectorate Wales (CIW) 10<sup>th</sup>- 14<sup>th</sup> October 2022, as part of their routine Performance Evaluation Review Inspection (PEI).

The report that followed by CIW identified areas of strength, good practice and service development and did not highlight any areas of significant risk or safeguarding matters.

**The latest Improvement Check visit was carried out by CIW between the 24<sup>th</sup> and 26<sup>th</sup> June 2024, focused on the progress made in the areas identified for improvements during our PEI in October 2022.**

**The Improvement Letter reports:**

##### 2. Summary - Adult Services

1. There is a strong leadership team in adult services in IoACC, who have instigated and implemented positive changes. The leadership team are aware of areas requiring further strengthening. They have worked hard setting a clear direction for change, compiling relevant strategic and operational documents, supported by competent and dedicated practitioners, to implement the required changes in practice.
2. Practitioners describe the leadership team as visible, accessible and supportive. Culture within the service is equally described as healthy and positive, with an open door policy consistently promoted. Leaders are equally complimentary of the practitioners practice and commitment.
3. There is increased stability in the staff teams, as well as within those of its domiciliary support and care home providers. This has resulted in an improved and timelier service for people. This is at a time when there is an increase in referrals and an increase in the complexity of people's needs.

4. The service has continued to benefit from both corporate and political support. It is imperative this continues, to ensure the progress made is sustained, and the areas which continue to require further improvement are adequately supported and resourced. This to ensure the local authority consistently meets its statutory responsibilities.

### **3. Key findings and evidence**

Key findings and examples of evidence are presented below in line with the four principles of the Social Care & Wellbeing Act Wales 2014. *Please note that CIW did not review any areas under the forth principle, Partnerships, as there were no areas for improvement under this heading in the 2022 PEI.*

#### **People -**

##### **Strengths**

1. Waiting lists for social work assessments have significantly reduced. There are now clear arrangements in place for monitoring such lists, with people who are waiting for assessment routinely contacted by the local authority to check on their safety and well-being.
2. Waiting lists for occupational therapy services remain high. However, arrangements at the front door have recently been strengthened. An Occupational Therapist now provides closer scrutiny and oversight of referrals. Consideration is given as to whether the referral is to the right service, or whether another form of information, advice or assistance might be more appropriate. This will help to insure people receive the right support in a timelier manner, once the practice is fully embedded.
3. Communication with people in general has improved. There are examples of information being appropriately shared with people, including progress updates about services, equipment, and changes in key worker.
4. In terms of contacting the service, the majority of respondents (68%) to a people survey we published stated it is 'very easy' or 'easy', with few (18%) stating it is 'neither easy nor difficult', and a further few (14%) stating it is 'not easy' or 'very difficult'. Both children's and adult's front door services are now co-located, providing more resilience in the ability of the service to respond to people, which has contributed to an improvement in the standard and timeliness of communication with people. Overall comments about contact with the local authority are positive. The recently compiled and published practice standards for the service, which staff contributed to, clarifies the expectation in terms of timescales for responding to people. This has potential to further drive improvements in relation to timeliness and standard of communication.

5. Our survey results also evidenced most people are content with the manner of communication. For example, 96.5 % of respondents stated they were treated with dignity “at all times” or “most of the time”, and 89% said they felt listened to “at all times” or “most of the time.”
6. In line with the Service Delivery Plan, the service has expanded on resources to promote the option of direct payments which is positive practice. Evidence was seen of direct payments being discussed with people as an option for them to utilise to meet their eligible needs. The number of people in receipt of direct payments has increased. A carer spoken with referenced how they will benefit from the direct payments. They have been able to identify and choose an individual familiar to them to support at a suitable time and place to meet both the cared for person’s and the carer’s needs.

### ***Areas for Improvement***

1. Evidence of people’s voice and choice in assessments and care and support plans continues to be inconsistent. There are good examples where people’s wishes, feelings and outcomes are strongly referenced. In others, the voice and choice of individuals is unclear and limited. Similarly, evidence of the voices of family members and informal advocates is also inconsistent. Subject to an person’s agreement, family and unpaid carers’ views should also inform assessments and care and support plans. **In line with Code of Practice, Part 3 (assessing the needs of individuals), assessments must include the five key elements and reflect strengths-based conversations held with people to identify what matters to them. They must also include the personal outcomes they wish to achieve and what contribution they and their family, friends and local community can make to achieving those outcomes.**
2. There are examples of advocacy being appropriately offered to people. People clearly benefit from independent professional advocacy, including in the context of safeguarding matters. However, this practice is not consistent and there are examples of missed opportunities to discuss whether people would benefit from an advocate, whether formal or informal. Greater detail is also required as to the refusal of such offers. **The local authority must ensure people are consistently empowered to express their needs and to participate fully as equal partners, with the option of advocacy clearly explained.**
3. The local authority is committed to supporting unpaid carers and is actively monitoring how well it performs in terms of offering assessments to carers. There has been a positive increase in the numbers of carers assessments offered. Social care records further corroborate that carers are offered assessments and are provided with support to meet their eligible needs. However, this practice is not consistent, and the quality of carers assessments is variable. The local authority is working on a draft template for assessing carers needs, and the amended template will support assessments to meet statutory requirements. **The local authority must assess more consistently in line with statutory guidance whether a carer has needs for support (or is likely to do so in the future) and if they do,**

**what those needs are or are likely to be (Code of Practice (Part 3) of the 2014 Act).**

4. Reviews of people's care and support plans are not consistently undertaken within required statutory timescale. **Whilst acknowledging there is some positive oversight and assurance about some people's circumstances through weekly discussions with providers and in weekly multi-disciplinary Community Resource Team (CRT) meetings, the local authority must ensure the date of review does not exceed 12 months to ensure care and support plans remain appropriate and relevant to the individual. Care should also be taken to ensure reviews are undertaken in the most appropriate format for the individual.**
  
5. Practitioners confirmed they have time to reflect on their practice both formally and informally. However, from the sample of written supervision records viewed, there are limited and inconsistent references to discussions around reflective practice, staff well-being, development needs and progress made with people. Positively, IoACC has drafted an updated supervision policy. It is noted that the draft version strengthens focus on reflective practice informed by a conceptual framework for effective supervision. The local authority's Service Delivery Plan references further strategies to improve reflective practice and includes arrangements for monitoring and reviewing supervision files and further training with a focus on mentoring. **The local authority must ensure there is consistent evidence of oversight of practice, staff well-being, training and developmental needs as well as reflective discussions.**

## **Prevention**

### ***Strengths***

1. The local authority has made significant capital investments improving the range and availability of care and support services. These include investing in new learning disability supported living properties which are better suited to people's current and future needs; and the Dementia Centre at the renovated Canolfan Glanhwfa, Llangefni. **A number of third sector services are co located at the centre providing information, advice and different activities for people living with dementia and their carers in one location which is positive practice.**
  
2. Waiting lists for domiciliary support services have reduced significantly, and there is now more robust oversight on the situations of people waiting for a service. As a result, a greater number of people receive timelier care and support in their own homes.

3. One of the Community Resource Teams, is piloting a frailty project, supported by Regional Integration Fund. The project has a specific focus on providing responsive and tailored support to prevent hospital admissions. **Statistical evidence demonstrates that the numbers of people in the area needing unplanned emergency care has reduced, with people being supported to remain in their homes with multi-disciplinary support. This is positive practice.**

#### ***Areas for Improvement***

1. There are challenges in providing suitable short break care, and specialist placements for people with nursing needs and dementia. We heard of a few people having to access such services outside of the local authority area, due to lack of local availability. **The local authority must continue to work on its strategic and operational developments in partnership with others, to ensure people receive the right care and support in a timely manner and as close to home as possible.**
2. There are examples of people benefitting from assistive technology to promote their independence and safety. However, there are other examples whereby there is no evidence this has been considered. **During the assessment and care and support planning the local authority must ensure practitioners consistently consider whether people would benefit from preventative services including assistive technology.**

#### **Well-being**

##### ***Strengths***

1. Practice in adult safeguarding has improved. A safeguarding good practice group has been established which has driven improvements in adult safeguarding practices. Improvements in safeguarding operational practices are supported by strategic and operational plans which include, but not limited to: service delivery plan, safeguarding adult improvement plan, and practice guidance for adult services – undertaking adult safeguarding enquiries.
2. Adults at risk reports are appropriately screened, and enquiries undertaken in a timely manner in line with s. 126 of the 2014 Act. Relevant partners are appropriately consulted and included at different stages of the safeguarding process to include during screening, undertaking of enquiries and strategy meetings. Records are clear and comprehensive, evidencing stronger compliance with the Wales Safeguarding Procedures (WSP).
3. There is consideration as to the best placed professional to lead the enquiry, promoting familiarity and continuity for people. There is a focus on promoting the adult at risk's safety, their voice is central and there is clear rationale when their voice and choice is overridden. Formal independent advocacy is commissioned, ensuring a rights-based approach.

4. The standard and content of mental capacity assessments has improved ensuring compliance with the requirements of the Mental Capacity Act 2005 and Code of Practice. In the best examples appropriate and individualised communication methods are used, as well as identification of who could best support the individual, reflecting a person-centred approach. Relevant documentation and key people are also consulted to assist in informed and robust decision-making. Care should however be taken in relation to the language used in recording the reason for the assessment, ensuring, where possible it is understood by all relevant parties. In one example, there was no evidence a mental capacity assessment had been undertaken when it would have been appropriate to do so. **The local authority must ensure the need for a Mental Capacity Assessment is consistently considered and completed when it is unclear whether an individual has mental capacity to make a specific decision.**
5. Internal audits are undertaken on the standard and content of such assessments, noting areas of good practice and areas to strengthen, further driving improvements.

#### 4) Progress since the publication of the Report

In line with the requirements of the letter, we have prepared a development plan in order to monitor our ongoing progress and improvement against the areas noted by CIW. Copy is attached for your approval and comment.

**Our internal knowledge of the service by completing audits, learning from complaints and listening to individual feedback meant that none of CIW's findings were new to us on Ynys Môn, which gives us confidence in our practice and service delivery.**

### 6 – Equality Impact Assessment [including impacts on the Welsh Language]

#### 6.1 Potential impacts on protected groups under the Equality Act 2010

No EIA completed.

#### 6.2 Potential impacts on those experiencing socio-economic disadvantage in their lives (strategic decisions)

#### 6.3 Potential impacts on opportunities for people to use the Welsh language and treating the Welsh language no less favourably than the English language

This Report is available in both Welsh & English.

CIW offered its Inspection in the language of choice, and the active offer was taken up by many staff members.



Our social Services departments are committed to ensuring we offer our services in the language of choice - this was noted by CIW.

**7 – Financial Implications**

N/A

**8 – Appendices:**

1. Isle of Anglesey County Council Adults' Services Action Plan
2. Adults' Services Improvement Check Letter: Care Inspectorate Wales

**9 - Background papers (please contact the author of the Report for any further information):**



**CIW INSPECTION ACTION PLAN – JUNE 2024**

<b>ACTION PLAN - ADULT SERVICES</b>						
	<b>PEOPLE</b>	<b>4.01-4.11</b>	<b>IMPLEMENTATION/TASKS</b>	<b>RESPONSIBILITY</b>	<b>TIMEFRAME</b>	<b>PROGRESS</b>
<b>1</b>	<b>Assessments and care and support planning ensures the voices of people and what matters to them is consistently represented.</b>		Ensure service user's voice is clearly recorded within assessments.	Team Leader / Social Worker	Ongoing	
<b>2</b>	<b>People are informed of the core decisions being made about them.</b>		Record a clear offer of advocacy and a record of reasoning for refusal.	Team Leader	Ongoing	
<b>3</b>	<b>Arrangements for monitoring waiting times are strengthened, and records made accordingly.</b>		Confirm arrangements with clear expectations and response/waiting times.  Adopt and implement the Adult Service Practice Standards.	Senior Managers	September 2024  Completed	
<b>4</b>	<b>Reviews of care and support plans are undertaken in a timely manner.</b>		Ensure there are arrangements to remind staff of a case review date and measure compliance with a review requirement every 12 months.  That reviews are recorded in an appropriate format for users.	Data Manager  Senior Managers	January 2024	



5	<b>Carers are consistently offered assessments in line with statutory duties.</b>	<p>Ensure that an offer of a carer's assessment is recorded.</p> <p>Ensuring a carer's assessment is regularly re-offered e.g. during a review or when there is a change.</p> <p>Ensure a template for staff to ensure consistency in the quality of carers' assessments.</p>	<p>Senior Managers</p> <p>Team Leaders</p>	Ongoing	
6	<b>Direct payments continue to be prioritised to ensure their accessibility for people.</b>	<p>Ensure that the offer of Direct Payment (and response) is recorded.</p> <p>Arrange for the video that promotes and explains the scheme is distributed.</p>	<p>Business Manager</p> <p>Payments Officer</p>	<p>Completed</p> <p>Completed</p>	
7	<b>Staff are given sufficient time to reflect on practice and benefit from direction by more experienced staff members.</b>	<p>Adopt a New Supervisory Policy.</p> <p>i. Ensure staff supervision is recorded on a standardized form.</p> <p>ii. Increase emphasis on reflective practice.</p>	<p>Senior Managers</p> <p>Team Leaders</p>	14/01/25	
8	<b>People have timely communication and access to staff.</b>	<p>Ensure clear contact information is available so that individuals are aware of how they can contact staff.</p>	Senior Managers	October 2025	



	<b>PREVENTION</b>	<b>4.12-4.14</b>	<b>IMPLEMENTATION/TASKS</b>	<b>RESPONSIBILITY</b>	<b>TIMEFRAME</b>	<b>PROGRESS</b>
<b>9</b>	<b>People receive the right care and support in a timely manner.</b>		<p>Continue to foster 3rd Sector collaboration to improve access to dementia services.</p> <p>Ensure a review of waiting lists for non-residential services.</p> <p>Continue to develop the Frailty Project.</p> <p>Look at options to provide short-term respite closer to the person's home.</p>	Older Peoples Strategy Manager	March 2025	
	<b>LLESIAANT WELL-BEING</b>	<b>4.17-4.21</b>	<b>IMPLEMENTATION/TASKS</b>	<b>RESPONSIBILITY</b>	<b>TIMEFRAME</b>	<b>PROGRESS</b>
<b>10</b>	<b>The quality and completeness of adult safeguarding practice, including record keeping, complies with the Wales Safeguarding Procedures (WSP). This includes clear recording of decisions following initial screening, as well as the rationale and decision as to whether Section 126 enquiries of the 2014 Act are required.</b>		<p>Continuing with a good practice group.</p> <p>Ensuring robust referrals screening arrangements.</p> <p>Ensure there is consideration of the most appropriate person to lead.</p> <p>That there is a schedule of occasional audits to measure the quality of compliance work and to share best practice.</p>	Safeguarding Manager	<p>Completed</p> <p>In progress</p>	



11	<b>Practice is consistently meeting its statutory duties in accordance with the Mental Capacity Act (2005).</b>	That there is a clear order to consider the need for MCA.  That a review of MCA takes place to maintain a standard and encourage good practice.	Safeguarding Manager	Quarterly Audit  In origrass	
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*AUDIT FOCUSED ON 11 AREAS HIGHLIGHTED IN THE PREVIOUS AUDIT. PARTNERSHIP ELEMENTS WHICH HAD BEEN NOTED AS GOOD. NOT CONSIDERED.*

#### STRENGTHS IDENTIFIED

##### PERCEPTIONS

- Strong Leadership Team.
- Evidence of positive change.
- Awareness of areas of improvement.
- Clear direction with regard to change.
- Service Documents and strategic direction.
- Qualified and committed practitioners.
- A healthy and positive culture – Open Door Policy.
- Stability within staff and provider unit.
- Corporate and political support needed to be continued.



## FINDINGS AND AREAS FOR ACTION

### PEOPLE – 4.01-4.12

- Reduced waiting lists and a need to continue monitoring & reviewing.
- High Occupational Therapy waiting lists.
- Reinforcement of the Front Door/Teulu Môn
- Need to ensure the right support in a timely manner.
- Ensure clear communication arrangements - that information is provided and up to date.
- Ease of connection with service/staff.
- Arrangement to share and adopt Practice Standards.
- Monitor information about waiting times.
- Promoting Direct Payments.
- Strengthen people's voice and choice within assessments.
- Consistency in the voices of family, carers and informal advocates.
- Provide detail of the personal outcomes achieved.
- Ensure that advocacy is properly offered and explained.
- Empower individuals to express their needs and to participate.
- Support unpaid carers by offering a separate assessment.
- Ensure assessment quality is consistent and follows a specific template.
- Ensure reviews are conducted consistently within 12 months.
- Ensure there is a consistent format for supervision.
- Ensure time to reflect on practice.
- Adopt the supervision policy.
- Staff well-being training and development overseen.



#### **PREVENTION – 4-12-4-14**

- Continue with joint third-party activities and projects.
- Continue and extend arrangements to support people with dementia.
- Ensure arrangements to review waiting lists and supervise the situation of people waiting for help.
- Support and extend the vulnerability plan.
- Look at challenges of finding respite care and specialist placements.
- Make use of technology to promote independence and safety.

#### **WELL-BEING 4.17-4.21**

- Continue with Safeguarding Good Practice group.
- Practice guidance for undertaking individual safeguarding enquiries.
- Ensure appropriate screening arrangements.
- Ensure appropriate and relevant consultation with partners.
- Discuss who is the best professional to lead.
- Maintain the standard of Mental Capacity Assessments.
- Ensure that the need for mental assessment is constantly reviewed.
- Conduct quality internal audits and include assessments identifying good practice and areas to be strengthened.



## SPECIFIC TASKS/ACTIONS

- i. Enhance arrangements to review **waiting list** and mechanism to update individuals of their status and progress. (4.1)
- ii. That OT referrals are checked at the front door by having **OT staff on duty** in Teulu Môn and monitor OT waiting list on a regular basis to ensure that needs are relevant and to check on any alternatives. (4.2)
- iii. That we have arrangements to inform individuals of service processes (DP Fideo/Client Finance Handbook etc). (4.6)
- iv. Confirm clear contact points/details for service users and that service users are able to contact and leave messages for staff. (4.4)
- v. That **Service Practice Standards** are formally adopted and launched at the Staff Conference. (4.4)
- vi. Ensure the offer of a **DP** is logged and recorded on file. (4.6)
- vii. That the **voice and choice** of the service user/family/ are heard distinctly within assessments. (4.7)
- viii. Assessments undertaken, should confirm personal outcomes. (4.7)
- ix. Confirm that advocacy is being appropriately offered and reasons why it is not needed/declined. (4.8)
- x. Ensure that **Carers Assessments** are offered consistently by introducing a new template to meet statutory requirements. (4.9)
- xi. Arrangements are in place to ensure that **reviews** of care and support plans are consistently undertaken, and within statutory timescale (12months) and that reviews are in the most appropriate format for individual. (4.10)
- xii. Adopt a new **Supervision Policy** and common documentation to ensure supervision is recorded consistently. (4.11)
- xiii. The policy will provide an enhanced focus on reflective practice and encourage dedicated time to reflect by confirming new and include proforma documentation to encourage consistency.
- xiv. Review **short-term break** provision and explore how such services could be provided as close to home as possible. (4.15)
- xv. Consider will be given to whether people can benefit from preventative services including **assistive technology**. (4.16)
- xvi. Persist with the **Safeguarding Good Practice Group** and ensure it meets on a regular basis. (4.17)
- xvii. Ensure strategic and operational plans support operational practice in safeguarding.
- xviii. Ensure adequate **screening of adult at risk reports** and consideration of the best placed professional and voice of adult at risk. (4.19)
- xix. Ensure that the need for MCA is consistency considered and recorded. (4.20)
- xx. Undertake regular **service audits** to share good practice and ensure compliance with service expectations. (4.21)



Fon Roberts,  
Cyngor Sir Ynys Môn  
FonRoberts@ynysmon.llyw.cymru

Ein cyf / Our ref:

Dyddiad / Date:

Dear Director,

## Improvement Check visit to Isle of Anglesey County Council – adult services

This letter summarises the findings of the Improvement Check visit to adult services (the service), Isle of Anglesey County Council (IoACC) between 24 and 26 of June 2024. This followed the Performance Evaluation Inspection [PEI] in October 2022.

### 1. Introduction

1.1 We carry out inspection activity in accordance with the Social Services and Well-being (Wales) Act 2014 (SSWBA / the 2014 Act); key lines of enquiry; and the quality standards in the *Code of Practice in relation to the performance and improvement of social services in Wales*. This helps us determine the effectiveness of local authorities in supporting, measuring and sustaining improvements for people and in services.

1.2 The Improvement Check focussed on the progress made in the areas identified for improvements during our PEI in October 2022.

Principle	Areas of improvement identified from PEI in October 2022.	Progress identified from improvement check June 2024.
People	Assessments and care and support planning ensures the voices of	Some improvements made: further action is required.

	<p>people and what matters to them is consistently represented</p> <p>People are informed of the core decisions being made about them</p> <p>Arrangements for monitoring waiting times are strengthened, and records made accordingly</p> <p>Reviews of care and support plans are undertaken in a timely manner</p> <p>Carers are consistently offered assessments in line with statutory duties</p> <p>Direct payments continue to be prioritised to ensure their accessibility for people</p> <p>Staff are given sufficient time to reflect on practice and benefit from direction by more experienced staff members</p> <p>People have timely communication and access to staff</p>	<p>Some improvements made: further action is required.</p> <p>Improvements made and must be sustained.</p> <p>Some improvements made: further action is required.</p> <p>Some improvements made: further action is required.</p> <p>Improvements made and must be sustained.</p> <p>Some improvements made: further action is required.</p> <p>Improvements made and must be sustained.</p>
Prevention	<p>People receive the right care and support in a timely manner.</p>	<p>Some improvements made: further action is required.</p>
Well-being	<p>The quality and completeness of adult safeguarding practice, including record keeping, complies with the Wales Safeguarding</p>	<p>Improvements made and must be sustained.</p>

	<p>Procedures (WSP). This includes clear recording of decisions following initial screening, as well as the rationale and decision as to whether Section 126 enquiries of the 2014 Act are required.</p> <p>Practice is consistently meeting its statutory duties in accordance with the Mental Capacity Act (2005).</p>	<p>Improvements made and must be sustained.</p>
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## **2. Glossary of Terminology**

A glossary of terminology is contained in Appendix 1.

## **3. Summary - Adult Services**

3.1 There is a strong leadership team in adult services in IoACC, who have instigated and implemented positive changes. The leadership team are aware of areas requiring further strengthening. They have worked hard setting a clear direction for change, compiling relevant strategic and operational documents, supported by competent and dedicated practitioners, to implement the required changes in practice.

3.2 Practitioners describe the leadership team as visible, accessible and supportive. Culture within the service is equally described as healthy and positive, with an open-door policy consistently promoted. Leaders are equally complimentary of the practitioners practice and commitment.

3.3 There is increased stability in the staff teams, as well as within those of its domiciliary support and care home providers. This has resulted in an improved and timelier service for people. This is at a time when there is an increase in referrals and an increase in the complexity of people's needs.

3.4 The service has continued to benefit from both corporate and political support. It is imperative this continues, to ensure the progress made is sustained, and the areas which continue to require further improvement are adequately supported and resourced. This to ensure the local authority consistently meets its statutory responsibilities.

## **4.0 Key findings and evidence**

Key findings and examples of evidence are presented below in line with the four principles of the 2014 Act.

## People

### **Strengths**

4.1 Waiting lists for social work assessments have significantly reduced. There are now clear arrangements in place for monitoring such lists, with people who are waiting for assessment routinely contacted by the local authority to check on their safety and well-being.

4.2 Waiting lists for occupational therapy services remain high. However, arrangements at the front door have recently been strengthened. An Occupational Therapist now provides closer scrutiny and oversight of referrals. Consideration is given as to whether the referral is to the right service, or whether another form of information, advice or assistance might be more appropriate. This will help to ensure people receive the right support in a timelier manner, once the practice is fully embedded.

4.3 Communication with people in general has improved. There are examples of information being appropriately shared with people, including progress updates about services, equipment, and changes in key worker.

4.4 In terms of contacting the service, the majority of respondents (68%) to a people survey we published stated it is 'very easy' or 'easy', with few (18%) stating it is 'neither easy nor difficult', and a further few (14%) stating it is 'not easy' or 'very difficult'. Both children's and adult's front door services are now co-located, providing more resilience in the ability of the service to respond to people, which has contributed to an improvement in the standard and timeliness of communication with people. Overall comments about contact with the local authority are positive. The recently compiled and published practice standards for the service, which staff contributed to, clarifies the expectation in terms of timescales for responding to people. This has potential to further drive improvements in relation to timeliness and standard of communication.

4.5 Our survey results also evidenced most people are content with the manner of communication. For example, 96.5 % of respondents stated they were treated with dignity "at all times" or "most of the time", and 89% said they felt listened to "at all times" or "most of the time."

**4.6 In line with the Service Delivery Plan, the service has expanded on resources to promote the option of direct payments which is positive practice.** Evidence was seen of direct payments being discussed with people as an option for them to utilise to meet their eligible needs. The number of people in receipt of direct payments has increased. A carer spoken with referenced how they will benefit from the direct payments. They have been able to identify and choose an individual

familiar to them to support at a suitable time and place to meet both the cared for person's and the carer's needs.

## **Areas for Improvement**

4.7 Evidence of people's voice and choice in assessments and care and support plans continues to be inconsistent. There are good examples where people's wishes, feelings and outcomes are strongly referenced. In others, the voice and choice of individuals is unclear and limited. Similarly, evidence of the voices of family members and informal advocates is also inconsistent. Subject to a person's agreement, family and unpaid carers' views should also inform assessments and care and support plans. **In line with Code of Practice, Part 3 (assessing the needs of individuals), assessments must include the five key elements and reflect strengths-based conversations held with people to identify what matters to them. They must also include the personal outcomes they wish to achieve and what contribution they and their family, friends and local community can make to achieving those outcomes.**

4.8 There are examples of advocacy being appropriately offered to people. People clearly benefit from independent professional advocacy, including in the context of safeguarding matters. However, this practice is not consistent and there are examples of missed opportunities to discuss whether people would benefit from an advocate, whether formal or informal. Greater detail is also required as to the refusal of such offers. **The local authority must ensure people are consistently empowered to express their needs and to participate fully as equal partners, with the option of advocacy clearly explained.**

4.9 The local authority is committed to supporting unpaid carers and is actively monitoring how well it performs in terms of offering assessments to carers. There has been a positive increase in the numbers of carers assessments offered. Social care records further corroborate that carers are offered assessments and are provided with support to meet their eligible needs. However, this practice is not consistent, and the quality of carers assessments is variable. The local authority is working on a draft template for assessing carers needs, and the amended template will support assessments to meet statutory requirements. **The local authority must assess more consistently in line with statutory guidance whether a carer has needs for support (or is likely to do so in the future) and if they do, what those needs are or are likely to be (Code of Practice (Part 3) of the 2014 Act).**

4.10 Reviews of people's care and support plans are not consistently undertaken within required statutory timescale. **Whilst acknowledging there is some positive**

**oversight and assurance about some people's circumstances through weekly discussions with providers and in weekly multi-disciplinary Community Resource Team (CRT) meetings, the local authority must ensure the date of review does not exceed 12 months to ensure care and support plans remain appropriate and relevant to the individual. Care should also be taken to ensure reviews are undertaken in the most appropriate format for the individual.**

4.11 Practitioners confirmed they have time to reflect on their practice both formally and informally. However, from the sample of written supervision records viewed, there are limited and inconsistent references to discussions around reflective practice, staff well-being, development needs and progress made with people. Positively, IoACC has drafted an updated supervision policy. It is noted that the draft version strengthens focus on reflective practice informed by a conceptual framework for effective supervision. The local authority's Service Delivery Plan references further strategies to improve reflective practice and includes arrangements for monitoring and reviewing supervision files and further training with a focus on mentoring. **The local authority must ensure there is consistent evidence of oversight of practice, staff well-being, training and developmental needs as well as reflective discussions.**

## Prevention

### **Strengths**

4.12 The local authority has made significant capital investments improving the range and availability of care and support services. These include investing in new learning disability supported living properties which are better suited to people's current and future needs; and the Dementia Centre at the renovated Canolfan Glanhwfa, Llangefni. **A number of third sector services are co located at the centre providing information, advice and different activities for people living with dementia and their carers in one location which is positive practice.**

4.13 Waiting lists for domiciliary support services have reduced significantly, and there is now more robust oversight on the situations of people waiting for a service. As a result, a greater number of people receive timelier care and support in their own homes.

4.14 One of the Community Resource Teams, is piloting a frailty project, supported by Regional Integration Fund. The project has a specific focus on providing responsive and tailored support to prevent hospital admissions. **Statistical evidence demonstrates that the numbers of people in the area needing**

**unplanned emergency care has reduced, with people being supported to remain in their homes with multi-disciplinary support. This is positive practice.**

## **Areas for Improvement**

4.15 There are challenges in providing suitable short break care, and specialist placements for people with nursing needs and dementia. We heard of a few people having to access such services outside of the local authority area, due to lack of local availability. **The local authority must continue to work on its strategic and operational developments in partnership with others, to ensure people receive the right care and support in a timely manner and as close to home as possible.**

4.16 There are examples of people benefitting from assistive technology to promote their independence and safety. However, there are other examples whereby there is no evidence this has been considered. **During the assessment and care and support planning the local authority must ensure practitioners consistently consider whether people would benefit from preventative services including assistive technology.**

## **Well-being**

### **Strengths**

4.17 Practice in adult safeguarding has improved. A safeguarding good practice group has been established which has driven improvements in adult safeguarding practices. Improvements in safeguarding operational practices are supported by strategic and operational plans which include, but not limited to: service delivery plan, safeguarding adult improvement plan, and practice guidance for adult services – undertaking adult safeguarding enquiries.

4.18 Adults at risk reports are appropriately screened, and enquiries undertaken in a timely manner in line with s. 126 of the 2014 Act. Relevant partners are appropriately consulted and included at different stages of the safeguarding process to include during screening, undertaking of enquiries and strategy meetings. Records are clear and comprehensive, evidencing stronger compliance with the Wales Safeguarding Procedures (WSP).

4.19 There is consideration as to the best placed professional to lead the enquiry, promoting familiarity and continuity for people. There is a focus on promoting the adult at risk's safety, their voice is central and there is clear rationale when their

voice and choice is overridden. Formal independent advocacy is commissioned, ensuring a rights-based approach.

4.20 The standard and content of mental capacity assessments has improved ensuring compliance with the requirements of the Mental Capacity Act 2005 and Code of Practice. In the best examples appropriate and individualised communication methods are used, as well as identification of who could best support the individual, reflecting a person-centred approach. Relevant documentation and key people are also consulted to assist in informed and robust decision-making. Care should however be taken in relation to the language used in recording the reason for the assessment, ensuring, where possible it is understood by all relevant parties. In one example, there was no evidence a mental capacity assessment had been undertaken when it would have been appropriate to do so. **The local authority must ensure the need for a Mental Capacity Assessment is consistently considered and completed when it is unclear whether an individual has mental capacity to make a specific decision.**

4.21 Internal audits are undertaken on the standard and content of such assessments, noting areas of good practice and areas to strengthen, further driving improvements.

## **5. Next Steps**

5.1 We expect IoACC to take appropriate action to address the areas identified for improvement. We will monitor progress through our ongoing performance review activity with the local authority. We welcome the local authority sharing the positive practice identified with other local authorities, to promote learning and help drive continuous improvement in statutory services throughout Wales.

5.2 The local authority is expected to present this letter to elected members and subject it to public scrutiny through a formal and open committee meeting at the earliest opportunity. An invitation should also be extended to CIW to attend the meeting.

## **6. Methodology**

### **Fieldwork**

- Most inspection evidence was gathered by reviewing the experiences of people through review and tracking of their social care record. We reviewed 35 social care records and tracked 4.



- Tracking a person's social care record may include having conversations with the person in receipt of social care services, their family or carers, key worker, the key worker's manager, and other professionals involved.
- We engaged, through interviews and/or focus groups, with 3 people receiving services and/or their carer.
- We engaged, through interviews and/or focus groups with 10 local authority employees.
- We interviewed 2 formal independent advocates.
- We reviewed a sample of staff supervision files.
- We reviewed supporting documentation sent to CIW for the purpose of the inspection.
- We administered surveys to local authority social services staff, people and carers. 54 surveys were completed by social services staff and 56 surveys by people or their carers.

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## **7. Welsh Language**

7.1 CIW's commitment to provide an active offer of conducting parts of the inspection in Welsh was met. The active offer was required during this inspection.

## **8. Acknowledgements**

8.1 CIW would like to thank staff, partners and people who gave their time and contributed to this inspection.

Yours Sincerely,

**Lou Bushell-Bauers**  
Head of Local Authority Inspection  
**Care Inspectorate Wales**

## Appendix 1

### Glossary of Terminology

Term	What we mean in our reports and letters
<b>Must</b>	Improvement is deemed necessary for the local authority to meet a duty outlined in legislation, regulation or code of practice. The local authority is not currently meeting its statutory duty/duties and must take action.
<b>Should</b>	Improvement will enhance service provision and/or outcomes for people and/or their carer. It does not constitute a failure to meet a legal duty at this time; but without suitable action, there is a risk the local authority may fail to meet its legal duty/duties in future.
<b>Positive practice</b>	Identified areas of strength within the local authority. This relates to practice considered innovative and/or which consistently results in positive outcomes for people receiving statutory services.
<b>Improvement</b>	This relates to areas the local authority has strengthened which were identified in our previous activity as requiring improvement to meet a duty outlined in legislation, regulation or code of practice.
<b>Prevention and Early Intervention</b>	A principle of the 2014 Act which aims to ensure that there is access to support to prevent situations from getting worse, and to enhance the maintenance of individual and collective well-being. This principle centres on increasing preventative services within communities to minimise the escalation of critical need.
<b>Voice and Control</b>	A principle of the 2014 Act which aims to put the individual and their needs at the centre of their care and support, and giving them a voice in, and control over, the outcomes that can help them achieve well-being and the things that matter most to them.
<b>Well-being</b>	A principle of the 2014 Act which aims for people to have well-being in every part of their lives. Well-being is more than being healthy. It is about being safe and happy, having choice and getting the right support, being part of a strong community, having friends and relationships that are good for you, and having hobbies, work or learning. It is about

	supporting people to achieve their own well-being and measuring the success of care and support.
<b>Co-Production</b>	A principle of the 2014 Act which aims for people to be more involved in the design and provision of their care and support. It means organisations and professionals working with them and their family, friends and carers so their care and support is the best it can be.
<b>Multi-Agency working</b>	A principle of the 2014 Act which aims to strengthen joint working between care and support organisations to make sure the right types of support and services are available in local communities to meet people's needs. The summation of the Act states that there is a requirement for co-operation and partnership by public authorities.
<b>What matters</b>	'What Matters' conversations are a way for professionals to understand people's situation, their current well-being, and what can be done to support them. It is an equal conversation and is important to help ensure the voice of the individual or carer is heard and 'what matters' to them