

Isle of Anglesey County Council

Scrutiny Report

Committee:	Corporate Scrutiny Committee
Date:	10/04/2025
Subject:	Care Inspectorate Wales: Adult Services Improvement Check Letter and Action Plan – Progress Report
Scrutiny Chair:	Councillor Douglas Fowlie

1. Who will be the portfolio holder / lead officer presenting the report?

Name	Role
Councillor Alun Roberts	Portfolio Holder for Adult Services
Arwel Owen	Head of Adult Services

2. Why the Scrutiny Committee is being asked to consider the matter.

At the request of the Corporate Scrutiny Committee following the Care Inspectorate Wales visit. The Scrutiny Committee at its meeting on 16th October 2024 requested officers to provide a formal report to the Committee in 6 months on progress made in implementing the post inspection work programme.

3. Role of the Scrutiny Committee and recommendations

- ☐ For information
- ☐ To be noted
- ☒ For assurance
- ☐ For recommendation to the Executive

Recommendation(s):

R1: The committee is requested to review and scrutinise the progress made in implementing the post inspection work programme.

4. How does the recommendation(s) contribute to the objectives of the Council's Plan?

The purpose of the independent regulator Care Inspectorate Wales (CIW) is to:

- 1) conduct 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.

All work undertaken by Ynys Môn Social Services can be directly linked to one of the six strategic objectives in the **Council Plan 2023-2028**.

“Social care and wellbeing: providing the right service at the right time”.

This is supported further by the Key Priority Areas within the **Adult Services Strategic Modernisation Plan**:

1. Work together to be an Age Friendly Island - through preventative activities.
2. Transforming Day Services - continue with positive steps to maintain day activities in community locations.
3. Supported Housing (learning disabilities) - programme to maximise and modernise 'Supported Housing' provision to ensure effectiveness.
4. Respite Service (learning disabilities) - identify and develop a suitable new provision.
5. Extra Care Housing - develop extra care housing to increase opportunities for people to live independently in their communities for longer.
6. Council Residential Homes - direct staff and financial resources to affordable and more cost-effective provisions that meet needs.
7. Develop a financially sustainable service.

5. Key scrutiny themes

Key themes the Scrutiny Committee should concentrate on:

1. There are many increasing demands upon Adult Services, responding to all these demands is a constant challenge given limited resources.
2. Increasing pressure and demand e.g. during winter months impact on the ability to provide services.
3. What focus does the department provide on preventive services.
4. What challenges will arise from demographic change.

5. Can the improvements in process and case recording be maintained during and after changing the social services computerised case recording system.

6. Key points / summary

Background:

The Social Services Department (both Children and Families and Adults Services) were inspected by Care Inspectorate Wales (CIW) 10th- 14th October 2022 as part of their routine Performance Evaluation 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 24th and 26th June 2024, and focused on progress made in the areas identified for improvement during our PEI in October 2022.

The Improvement Letter reports:

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.
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.
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.
4. The service has continued to benefit from both corporate and political support.

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 fourth 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.
3. Communication with people in general has improved.
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.
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.

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.
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.

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.
4. Reviews of people's care and support plans are not consistently undertaken within required statutory timescale.
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.

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.
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.

Areas for Improvement

1. There are challenges in providing suitable short break care, and specialist placements for people with nursing needs and dementia.

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.

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.
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.
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.
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.

PROGRESS SINCE THE PUBLICATION OF THE REPORT

In line with the requirements, we have prepared a Development Plan in order to monitor progress and improvement against the areas noted by CIW. This development plan and its accompanying report were presented to the Corporate Scrutiny Committee for approval and comment on the **16/10/2024**.

Having reviewed the report and action plan of the Director of Social Services and the Head of Adult Services and having noted the responses of Officers to the points of discussion raised it was RESOLVED-

- That the Committee have considered the Care Inspectorate Wales Improvement checklist letter in relation to Anglesey County Council's Adult Services, published on the 22nd of August 2024.
- That the Committee have offered comment on the report and confirmed that the Development Plan, drafted by the Service reflects the key areas for improvement and how best to assist in supporting the future work of the Service.

Additional actions-

- **Officers to provide a formal report to the Committee in 6 months on progress made in implementing the post inspection work programme.**

Appendix 1 to this report contains an updated service development plan detailing the progress made in the last 6 months against all the improvement areas highlighted by the CIW.

The table below summarises the progress made on the 11 action points since the last report to scrutiny in October 2024.

Colour Rating	16/10/2024	March 2025
Green – work completed	4	8
Yellow – ongoing work	6	3*
Amber – needs further work	1	0
Red – work not started	0	0

*These areas require regular monitoring and review of day-to-day work to maintain compliance.

7. Impact assessments

7.1. Potential impacts on groups protected under the Equality Act 2010

No equality impact assessment completed.

7.2. Potential impacts on those experiencing socio-economic disadvantage (strategic decisions)

No equality impact assessment completed.

7.3. Potential effects on opportunities to use Welsh and not treat the language less favourably than English.

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 confirmed by CIW.

7.4. Net zero organisation by 2030

N/a

8. Financial implications

The Adults Department has and is facing substantial financial challenges. Demand for services has increased and is projected to continue to increase due to demographic changes that will see an increase in the number of older people living on the Island. This, coupled with a continuously challenging economic backdrop means that the department's budget is expected to be under substantial strain for the foreseeable future. This pressure over the last 9 years is evident in the Council's budget. Spend on Adult Services in 2025/26 will account for 22% of Councils overall budget, compared with 16.5% in 2016. If the departments share of total spend had remained at 16.5% this would mean a shortfall of £9 million.

9. Appendices

Appendix 1 - Service Development Plan

Appendix 2 - 'Care Inspectorate Wales Improvement checklist published on the 22nd of August 2024.

10. Report author and background papers.

Author – Arwel Wyn Owen, Head of Adult Services



APPENDIX 1 - CIW INSPECTION ACTION PLAN – Revised and Updated March 2025

ACTION PLAN - ADULT SERVICES							
	PEOPLE 4.01-4.11	IMPLEMENTATION/TASKS	RESPONSIBILITY	TIMEFRAME	16/10/24	March 2025	Progress, Actions and Comments
1	Assessments and care and support planning ensures the voices of people and what matters to them is consistently represented.	Ensure service user's voice is clearly recorded within assessments.	Team Leader / Social Worker	Ongoing	Ongoing	Ongoing	Social Workers are reminded in regular supervision of the need to record the 'voice of people' in their assessment. This work will be ongoing to maintain recording standards. Team Leaders monitor through the quality assurance process. Assessment forms have been adapted to help amplify the voice of the individual.
2	People are informed of the core decisions being made about them.	Record of an offer of advocacy support and a record of reasoning for refusal.	Team Leader	Ongoing	Ongoing	Ongoing	Recording has improved. The average has increased from below 30% to over 65% in the year to February 2025. Work is ongoing to improve recording further and ensure consistency.



3	Arrangements for monitoring waiting times are strengthened, and records made accordingly.	Confirm arrangements with clear expectations and response/waiting times. Adopt and implement the Adult Service Practice Standards.	Senior Managers	September 2024	Completed	Completed	New practice standards approved and presented to all staff at the Staff Conference and through supervision. Citizens awaiting assessment are contacted at regular intervals to establish any change in circumstances or need.
4	Reviews of care and support plans are undertaken in a timely manner.	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	Ongoing	Ongoing	New arrangements introduced to monitor and highlight review dates. Social Worker capacity restricts ability to review. New / urgent cases are prioritised over long-term cases which are stable. The performance of the service over the last 4 years has been consistent, around 80% of care plans are being reviewed annually.
5	Carers are consistently offered assessments in line with statutory duties.	Ensure that an offer of a carer's assessment is recorded. Ensuring a carer's assessment is regularly re-offered e.g. during a review or when there is a change.	Senior Managers Team Leaders	Ongoing	Ongoing	Completed	Revised carer assessment form has been introduced. This has improved ability to record and confirm an offer of carers assessment. Compliance has been above the target of 93% for the last 6 months, with 4 of these months recording 100%.



		Ensure a template for staff to ensure consistency in the quality of carers' assessments.					
6	Direct payments continue to be prioritised to ensure their accessibility for people.	Ensure that the offer of Direct Payment (and response) is recorded.	Business Manager	Completed	Completed	Completed	At the time of the original audit there were 232 people in receipt of Direct Payments. In March 2025, 261 people are in receipt of Direct Payments.
		Arrange for the video that promotes and explains the scheme is distributed.	Payments Officer	Completed	Completed	Completed	A video and information leaflet have been completed and are available to be distributed to prospective users as needed.
7	Staff are given sufficient time to reflect on practice and benefit from direction by more experienced staff members.	Adopt a New Supervisory Policy. i. Ensure staff supervision is recorded on a standardized form. ii. Increase emphasis on reflective practice.	Senior Managers Team Leaders	 14/01/2025		Completed	New Supervision Policy adopted along with revised forms and proformas. These were shared at staff conference and implemented in January 2025. Staff are supervised at regular intervals and compliance is monitored.
8	People have timely communication	Ensure clear contact information is available so that individuals are aware	Senior Managers	October 2025		Completed	New phone system introduced by Council. Following this all staff contact details updated and staff have been



	and access to staff.	of how they can contact staff.					informed of expectations regarding providing people with contact details following visits.
	PREVENTION 4.12-4.14	IMPLEMENTATION/TASKS	RESPONSIBILITY	TIMEFRAME	PROGRESS		
9	People receive the right care and support in a timely manner.	Continue to foster positive working relationships with the 3rd sector to create an Age-Friendly Island and to improve access to preventative services in the community.	Older Peoples Strategy Manager	March 2025	Ongoing	Ongoing	A Dementia Centre is being developed at Canolfan Glanhwfa. Nifty60s scheme is being expanded across Anglesey, as well as working with a network of community hubs to deliver health and wellbeing activities. The programme of activities encourage independence and ageing well and this has been recognised as good practice.
		Ensure a review of waiting lists for non-residential services.				Completed	On-going reviewing of waiting lists to ensure that the needs of the individual have not changed.
		Continue to develop the Frailty Project.				Ongoing	Holyhead Frailty project is now well established. The Amlwch / Benllech CRT is cited as the next development to be implemented.
		Look at options to provide short-term				Ongoing	Driven by individual needs, people are being offered respite locally in collaboration with Carers Outreach



		respite closer to the person's home.					and via direct payments. This will continue to be an area of focus based on funding opportunities.
	LLESIAANT 4.17-4.21 WELL-BEING	IMPLEMENTATION/TASKS	RESPONSIBILITY	TIMEFRAME	PROGRESS		
10	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.	Continuing with a good practice group.	Safeguarding Manager	Completed		Completed	Team Leaders and Safeguarding colleagues have met to review and confirm good practice arrangements. Between 02/2024 - 02/2025 the Adults Department has received 631 safeguarding reports, of which 236 have involved safeguarding enquiries.
		Ensuring robust referrals screening arrangements.				Completed	Training has been delivered to improve screening practices in Teulu Mon.
		Ensure there is consideration of the most appropriate person to lead.		In progress		Completed	Learning Circles held with Team Leaders and Safeguarding to reinforce the potential to delegate enquiries internally, to partners and other organisations.
		That there is a schedule of occasional audits to measure the quality of compliance work and to share best practice.				Ongoing	One audit completed with further schedule of audits to be arranged. Temporary absence of staff has limited roll out of full audit schedule.



11	Practice is consistently meeting its statutory duties in accordance with the Mental Capacity Act (2005).	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 progress	In progress	Completed	Quarterly audit taking place to ensure standards are being maintained
----	---	---	----------------------	------------------------------------	-------------	-----------	---

AUDIT FOCUSED ON 11 AREAS HIGHLIGHTED IN THE PREVIOUS AUDIT. PARTNERSHIP ELEMENTS WHICH HAD BEEN NOTED AS GOOD. NOT CONSIDERED.

<u>SPECIFIC TASKS/ACTIONS</u>		<u>Action to date</u>
1.	Enhance arrangements to review waiting list and mechanism to update individuals of their status and progress. (4.1)	All individuals who are awaiting assessment have been contacted to update and review whether there has been any change of needs.
2.	That Occupational Therapy 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)	Occupational Therapy rota at Teulu Môn and use of Occupational Therapy trainees to reduce the waiting list of minor adaptations and signposting. A further Disability Officer has joined the Community Resource Teams to undertake low level assessments allowing OT to focus on complex cases.
3.	Confirm clear contact points/details for service users and that service users are able to contact and leave messages for staff. (4.4)	A new telephone system with individual mobiles has been introduced and all staff have been informed of the expectations when communicating to citizens.



4.	That we have arrangements to inform individuals of service processes (DP Fideo/Client Finance Handbook etc). (4.6)	A user-friendly video explaining Direct Payments has been produced. The Client Finance Handbook has also been updated. Revised Direct Payment policy is too be launched April 2025
5.	That Service Practice Standards are formally adopted and launched at the Staff Conference. (4.4)	New Practice Standards introduced and shared with staff via the staff conference. Practice expectation is affirmed during supervision sessions and there is better clarity in terms of roles and expectations.
6.	Ensure the offer of a Direct Payment is logged and recorded on file. (4.6)	The assessment form has been revised making the offer of Direct Payment a mandatory field.
7.	That the voice and choice of the service user/family/ are heard distinctly within assessments. (4.7)	This is achieved through supervision and via the Team Leaders during the panel quality assurance process.
8.	Confirm that advocacy is being appropriately offered and reasons why it is not needed/declined. (4.8)	The assessment form has been revised making the active offer of advocacy support a mandatory field.
9.	Ensure that Carers Assessments are offered consistently by introducing a new template to meet statutory requirements. (4.9)	The offer of a Carer's Assessment has also been included as a mandatory field on the new form. A sperate Carers Assessment document has also been created to assist and facilitate the process.
10.	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)	Reviews are being undertaken; however, prioritization has been given to new and emerging cases due to pressures on Social Workers to facilitate hospital discharges and supporting individuals in the community to prevent hospital admission.
11.	Adopt a new Supervision Policy and common documentation to ensure supervision is recorded consistently. (4.11)	New Supervision Policy has been introduced and shared with staff as the new supervision model. This has been implemented since January 2025. The policy provides an enhanced focus on reflective practice and ensures



		dedicated time to reflect on individual cases. New proforma recording documentation encourages consistency.
12.	Review short-term break provision and explore how such services could be provided as close to home as possible. (4.15)	Whilst some individuals receive overnight respite, opportunities remain challenging due to limited bed availability and homes willingness to take short term residents. Direct Payments are also utilised to provide respite opportunities. We shall continue to pursue opportunities within our financial allocation.
13.	Consideration will be given as to whether people can benefit from preventative services including assistive technology . (4.16)	The Department are exploring ways in which we can use AI in future to support developments. By end of February over 85% of Telecare recipients had transferred from analogue to digital.
14.	Persist with the Safeguarding Good Practice Group and ensure it meets on a regular basis. (4.17)	Team Leaders and Safeguarding colleagues have met to review and confirm good practice arrangements.
15.	Ensure strategic and operational plans support operational practice in safeguarding.	Team Leaders and safeguarding colleagues regularly meet to ensure practice standards and consistency in practice.
16.	Ensure adequate screening of adult at risk reports and consideration of the best placed professional and voice of adult at risk. (4.19)	Training has been undertaken to reaffirm the screening process in Teulu Môn to increase staff confidence.
17.	Ensure that the need for MCA is consistency considered and recorded. (4.20)	Mental capacity is a mandatory field within the new assessment forms. A review of Mental Capacity assessment has also been conducted with a positive outcome.
18.	Undertake regular service audits to share good practice and ensure compliance with service expectations. (4.21)	Service audits have been undertaken to reinforce good practice and areas of improvement. Further audits will be undertaken when staff return from maternity leave.



Fon Roberts,
Cyngor Sir Ynys Môn

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	People receive the right care and support in a timely manner.	Some improvements made: further action is required.
Well-being	The quality and completeness of adult safeguarding practice, including record keeping, complies with the Wales Safeguarding	Improvements made and must be sustained.

	<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>
--	--	---

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 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.**

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, Llangefnï. **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.

Our Privacy Notice can be found at <https://careinspectorate.wales/how-we-use-your-information>.

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
Must	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.
Should	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.
Positive practice	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.
Improvement	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.
Prevention and Early Intervention	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.
Voice and Control	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.
Well-being	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.
Co-Production	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.
Multi-Agency working	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.
What matters	'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

