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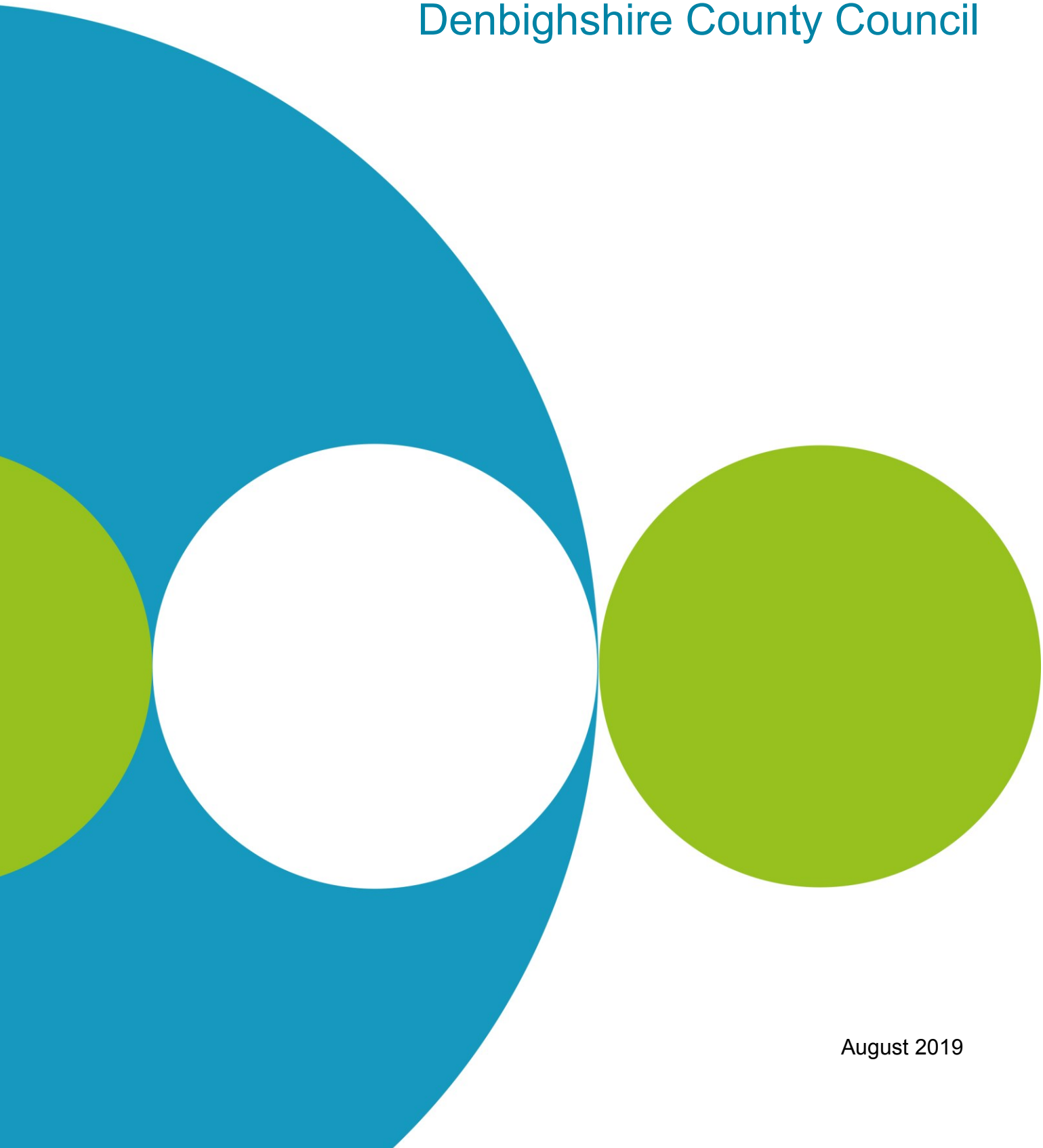
Healthcare Inspectorate Wales

Inspection of Older Adult Services
Denbighshire County Council



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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
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Contents

Background

The Social Services and Well-being (Wales) Act 2014 (SSWBA) has been in force for almost three years. The Act is the legal framework that brings together and modernises social services law in Wales.

The Act while being a huge challenge has been widely welcomed across the sector as a force for good, bringing substantial and considered opportunities for change at a time of increasing demand, changing expectations and reduced resources.

The Act imposes duties on local authorities, health boards and Welsh Ministers that requires them to work to promote the well-being of those who need care and support, and carers who need support.

The principles of the act are:

- Support for people who have care and support needs to achieve **well-being.**
- **People** are at the heart of the new system by giving them an equal say in the support they receive.
- **Partnership and co-operation** drives service delivery.
- Services will promote the **prevention** of escalating need and the right help is available at the right time.

Welsh Government has followed up the SSWBA with 'A Healthier Wales'. A strategic plan developed in response to a Parliamentary Review of the Long Term Future of Health and Social Care.

A Healthier Wales explains the ambition of bringing health and social care services together, so that they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and promoting well-being. A Healthier Wales describes how a seamless whole system approach to health and social care should be seamlessly co-ordinated.

Ministers have recorded the importance of having confidence and ambition in the sector to deliver results. In response we have developed our approach to inspection with a focus on collaboration and strengths with the intention of supporting innovation and driving improvement.

This inspection was led by Care Inspectorate Wales (CIW) and delivered in collaboration with Healthcare Inspectorate Wales (HIW).

Prevention and promotion of independence for older adults (over 65) living in the community

The purpose of this inspection was to explore how well the local authority with its partners is promoting independence and preventing escalating needs for older adults. The inspection identified where progress has been made in giving effect to the SSWBA and where improvements are required.

We (CIW and HIW) focused upon the experience of older adults as they come into contact with and move through social care services up until the time they may need to enter a care home. We also considered the times when they experienced, or would have benefited from, joint working between Local Authority services and Health Board services.

We evaluated the quality of the service within the parameters of the four underpinning principles of the Social Services and Well-being Act (as listed above) and considered their application in practice at three levels:

- Individual
- Operational
- Strategic

We are always mindful of expectations as outlined in the SSWBA codes of practice:

- 'What matters' – outcome focused
- Impact –focus on outcome not process
- Rights based approach – Mental Capacity Act
- Control – relationships
- Timely
- Accessible
- Proportionate – sustainability
- Strengths based
- Preventative
- Well planned and managed
- Well led
- Efficient and effective / Prudent healthcare
- Positive risk and defensible practice
- The combination of evidence-based practice grounded in knowledge, with finely balanced professional judgement

Strengths and Priorities for Improvement

CIW and HIW draw the local authority and local health board's attention to strengths and areas for improvement. We expect strengths to be acknowledged, celebrated and used as opportunities, upon which to build. We expect priorities for improvement to result in specific actions by the local authority and local health board to deliver improved outcomes for people in the local authority area in line with requirements of legislation and good practice guidance.

Well-being	
Strengths	The local authority is able to demonstrate how it has embraced wellbeing and works towards ensuring policy and budget decisions are focused upon improving the wellbeing of citizens in Denbighshire County Council (Denbighshire CC). It understands the link between promoting independence, better outcomes for people and sustainable services. People can be increasingly confident the local authority recognises adults are the best people to judge their own wellbeing.
Priorities for improvement	Senior managers must ensure individuals feel they are an equal partner in their relationship with safeguarding professionals who work to protect them from abuse and neglect.
People – voice and choice	
Strengths	The local authority has an adequate understanding of how people can be empowered by information, advice and assistance and by being involved in the design and operation of services. Practitioners have autonomy and opportunity to make a positive contribution to the development of services. Voices of informal advocates are regularly heard and recorded in many file notes. The local authority recognises it needs to improve access to formal advocacy. Mental capacity assessments are adequate. The local authority has already put measures in place to drive further improvements in recording.
Priorities for improvement	The benefits of a strengths based approach to enabling people to have their voices heard needs to be improved by closer compliance with the SSWBA in respect of the following areas: • Timeliness, communication and focus of safeguarding processes; • unambiguous rights to outcomes of assessments being upheld regardless of the individual's financial resources;

	• the need for a more specialist assessment to be undertaken must not prevent or delay appropriate services being provided; • recording the outcome of the assessment and any advice or guidance given on the assessment and eligibility tool. In all cases the record of the assessment must include an explanation of how the recommended action will help meet the identified outcome or otherwise meet needs identified by the assessment.
Partnerships, integration and co-production drives service delivery	
Strengths	Staff are empowered to co-produce creative solutions which meet self identified outcomes with people who need care and support and carers who need support. Service delivery is driven by an ambition to make a positive difference to the lives of Denbighshire residents. There are good examples of managers at all levels using their initiative and personal leadership skills to drive improvement in operational culture and practice. Willingness to try new approaches and work with key partners is demonstrated through the development of a SPoA (Single Point of Access), Talking Points, Community Navigators and Community Resource Teams (CRTs).
Priorities for Improvement	Strategic managers need to ensure services and resources are used in the most effective and efficient way. The benefits of professionals working together to safeguard people from abuse and neglect needs to be maximised through shared professional knowledge, robust challenge, attention to detail and feedback loops into quality assurance systems.
Prevention and early intervention	
Strengths	The SPoA and 'Talking Points' demonstrate the local authority and statutory partners commitment to providing people with the information, advice and assistance they need to take control over their day to day lives and achieve what matters to them. Preventing or delaying the development of care and support needs is closely aligned to other local authority responsibilities, including housing, leisure and environmental health.
Priorities for improvement	The local authority need to review SPoA and Talking Points with partners to ensure people receive timely and proportionate information and advice and access to care and support. The lack of availability of domiciliary care services is resulting in some people not receiving the care and support they need. This

	has been a long standing issue in some parts of the county and requires action to prevent further carer breakdown and increasing pressure on staff in reablement services and community health services.

1. Well-being

Findings: Older adults in Denbighshire can be increasingly confident the local authority is making good progress in demonstrating they work on the presumption the adult is best placed to judge their own wellbeing.

Most practitioners welcome opportunities to be creative and work towards individual strengths based solutions that seek to promote the wellbeing of people who need care and support and carers who need support.

Positive practice in social services is underpinned by management support, and a range of tools and training which build staff confidence. Despite the pressures inherent in the social care system most staff we spoke to and responded to our questionnaire said they feel supported in their work.

Senior managers across the local authority have a good understanding of how a focus on prevention and wellbeing impacts upon outcomes for people, sustainability of services and the success of the local authority as a whole.

Individual level:

1.1 People can be confident the local authority generally begins with the assumption the adult is best placed to judge their own well-being. Evidence in file records demonstrates how practitioners begin with 'what matters' conversations.

1.2 People can mostly expect to have assessments that focus upon their strengths and to be supported to make decisions about things that matter to them.

1.3 Most people can expect to have the outcomes they want to achieve recorded by practitioners. Recording could be improved by ensuring individual outcomes are always captured.

1.4 Individuals cannot be confident safeguarding practice will always focus upon the outcomes they want to achieve. This is because there are times when the safeguarding 'process' can become the focus of attention.

Operational level:

1.5 We attended triage meetings in CRTs and saw referrals passed from SPoA contained good evidence of what matters to the individual. This means the response the individual receives from services will increasingly focus on the outcomes the individual wants to achieve and support them in maintaining their wellbeing.

1.6 At triage meetings in CRTs we saw professionals sharing information and agreeing who was best placed to provide the right response to the individual. This means we are increasingly confident services are adopting a more sustainable approach to service delivery.

1.7 Staff told us they have good access to a range of training to increase and maintain their skills and give them confidence in undertaking effective 'what matters' conversations. We were told how the Resource Wheel was introduced which supports practitioners to take an asset based approach to assessment.

1.8 One practitioner told us "when the act was first introduced I found the transitional stage quite difficult, previously it was more about the eligibility criteria and now its more about the person – it becomes second nature."

1.9 Practitioners told us when the complexity of people's needs increase, for example when the person lacks mental capacity, it does become more difficult to use 'what matters'. However, practitioners also told us they found this was the time when they most wanted to make use of 'what matters' and support the vulnerable individual to have their voice heard. From these conversations, we are confident practitioners from all agencies are increasingly embracing 'what matters' to people in their assessments.

1.10 Progress made in embracing 'what matters' to people in assessments is not consistently captured in documentation. Not all health practitioners understood the importance of completing all the questions on the documentation. We saw how incomplete documentation led to delays in people getting the care and support they need.

1.11 We attended 'Peer Forum' where practitioners and team managers were discussing people's individual needs and allocation of resources. We found a strong focus on the voice of the individual and the outcomes they wanted to achieve. We heard practitioners discussing a range of creative options to find individual solutions.

1.12 In one case we heard a doll was carefully and successfully introduced to support a woman living with dementia. The woman became unsettled and distressed during late afternoons when she thought she should be looking after her children. Having the doll helped manage her distress. In another respite was creatively managed via use of a motor home. This approach relieved pressure on the carer and cared for, with no extra cost to services.

1.13 We believe the Peer Forum approach to team working does encourage reflective practice, shared learning and accountability. Sensitively managed we have seen how it can build team skills and individual confidence and accountability.

1.14 We saw evidence of adults with capacity being subject of adult safeguarding discussions without their express approval. People with capacity do have the right to refuse safeguarding intervention even when it leaves them at risk of harm. We found practice could be improved by ensuring this right to autonomy is consistently respected and appropriately recorded.

1.15 We heard a very small number of people were in receipt of 15 minute domiciliary care calls and we were told they were 'check calls'. Care providers told us they always ensure calls can be completed in the time allowed and do return calls to

the local authority if the time given to compete them is insufficient. They were confident in their ability to challenge and felt their concerns would be respected.

Strategic level:

1.16 The director of social services works across the local authority to ensure the community leadership role is put to best use in order to provide or arrange preventative services to support wellbeing.

1.17 We heard from senior managers across the local authority about how promoting wellbeing and independence is closely aligned to other local authority responsibilities, such as housing, leisure and environmental health. We found the local authority endeavours to do this consistently by making use of wellbeing assessments prior to budget and policy decisions.

1.18 We heard how support for libraries has been maintained and how a local bowling club has been recognised and financially supported as being a means of supporting wellbeing and prevention of need for care and support in one local community.

1.19 We heard from senior officers about the challenge of balancing demand of service delivery with service change and creating time for Social Care and Health staff to embrace learning opportunities. We did not find this concern was reflected by operational staff, many of whom told us they felt well supported and had good training opportunities. Many people told us they considered Denbighshire CC a good place to work.

2. People – voice and choice.

Findings: The local authority has a good understanding of how people can be empowered by information, advice and assistance and by being involved in the design and operation of services.

In most cases individuals are treated as equal partners in their relationship with professionals. In some cases where the local authority is working to protect people from abuse and neglect, judgements about their capacity to participate were sometimes erroneously based on preconceptions of a person's circumstance.

Safeguarding referrals are often not timely, this is an area that requires improvement.

Further reflection is required to ensure people's unambiguous rights to outcomes of assessments are always upheld. People who approach the local authority for support and are considering a period of short or long term care in a care home are offered timely information, advice and assistance; including financial information

Responsibility to meet identified need must be recognised, actioned and accurately recorded at all stages of an individual's journey through care and support services

Managers recognise more work is required to ensure professionals always meet their duty to ensure judgements about the need for advocacy are integral to assessment and meeting needs for care and support.

Individual level:

2.1 People can access information, advice and assistance through Denbighshire CC's 'Single Point of Access', at 'Talking Points' in libraries and community facilities, and with the support of 'Community Navigators'.

2.2 We saw people receiving support to make links with other people in their local communities, join in activities they enjoy and reduce their feelings of isolation and loneliness.

2.3 We heard these services capture 'what matters' to people with the focus remaining on what the individual wants to achieve. We saw these services in operation and found them to be friendly, welcoming and informative.

2.4 People who require safeguarding support are not always given the opportunity to express their views, wishes and choices. Advocacy is not always offered and the outcome the individual wants to achieve not always afforded the priority it should be given.

Operational level:

2.5 The voice of practitioners is heard in service development. Staff told us of their positive experiences of being involved in the development of services and the autonomy they have in developing creative responses to individuals who need care and support.

2.6 Practitioners, most of the time, had a clear focus on what matters to people living independently in their own community, including the type of property they wanted to be in and the importance of their garden and surroundings. We saw considerable efforts made by practitioners to support people to maintain independence in line with these wishes and choices.

2.7 We saw many examples of positive practice where practitioners specifically arranged and rearranged care and support to ensure people had their identified needs met. We saw one instance of a practitioner going to great lengths to find suitable residential care to enable a husband and wife to remain together and each receive the care and support they needed. On this occasion, we saw very positive joint working with the whole family, good communication and people working together to coproduce a sustainable solution.

2.8 We saw an example where the local authority decided not to complete an assessment for a person who was in receipt of reablement support. The assessment of eligibility for care and support was stopped upon a temporary move into short term care. We found no evidence of the local authority providing financial information, advice and assistance to support those involved to make informed decisions. The assessment was not re started until requested by a family member towards the end of the period of short term care, when the person was reportedly concerned about running short of money. This means the person may have been paying for the full cost of their care without the benefit of a determination of eligibility and without being offered a financial assessment.

2.9 We discussed this approach with senior managers and practitioners they confirmed financial resources, were considered personal resources and were a consideration in eligibility for services. This approach does not meet the requirements of the SSWBA.

2.10 We also saw in this approach misses opportunities to offer preventative services and financial assessments. We also saw opportunities missed as assessors waited for reports from specialist assessors.

2.11 People participating in their assessments were not always left with a clear understanding of their rights and responsibilities. Not all practitioners distributed copies of assessments. One carer, whose mother was in receipt of services told us he didn't know what his mother was entitled to, or how finances impacted upon his access to services. He wanted more activities for himself and his mother in the community.

2.12 We saw many good file records that captured the views of family members acting as informal advocates in line with the SSWBA to good effect. However, we saw occasions where people should have received support from an independent

mental capacity advocate including where a mental capacity assessment and best interest decision was required. We were told the local authority is already aware of the duty to ensure the need for advocacy is always established and routinely recorded and will be developing an action plan to address this.

2.13 Mental capacity assessments seen by inspectors were often adequate and sometimes good. We are aware team managers have introduced new mental capacity assessment documentation, this should improve consistency and quality of recording.

2.14 The local authority's own performance indicators demonstrate the response to safeguarding referrals are often not timely. We saw that information used to inform decision making is not always clear, opportunities to enable people to have their voices heard in discussions to protect them from abuse or neglect are missed.

2.15 We found a focus on the safeguarding process itself and specifically an emphasis on whether a strategy meeting was needed often took precedence over the need to gather more information and provide a positive response to the referral.

2.16 We are not confident safeguarding referrals involving registered care providers are always well managed. This is because we could not always find sufficient evidence of opportunities to ensure others were not also at risk of abuse from the same alleged perpetrator were maximised. Completion dates for actions and dates for follow up strategy meetings at are not always set. This allows issues to drift.

2.17 On one occasion we saw that when an allegation of abuse against a care provider was upheld the care provider was given the action of feeding the outcome back to the family. We did discuss this with managers who accepted this was probably not the most responsible course of action to have been agreed.

2.18 Practitioners tell us they are waiting for guidance from Welsh Government on safeguarding vulnerable adults. We were told the interim period between the old and new guidance is causing them confusion and there is a lack of clarity in the service on how they should proceed.

Strategic level:

2.19 There is a lot of evidence of positive transformation in practice in the Denbighshire CC social care workforce. We saw many files and case records of strengths based conversations producing good outcomes for people. From this we are able to conclude most policies, procedures and training opportunities are supporting practitioners in successfully moving from focusing on problems and eligibility to promoting independence and wellbeing in line with the SSWBA.

2.20 At times we saw the strengths based approach discourage take up of assistance. Senior managers will need to ensure an overly optimistic approach to strengths based assessments does not inhibit the local authority's ability to achieve the purposes of the information, advice and assistance service under section 17 of the Act.

2.21 There are quality assurance reporting mechanisms in place in the local authority. However, we were not reassured leaders and senior officers are fully abreast of the challenges in adult safeguarding arrangements. The members we interviewed appeared not to be aware of Denbighshire CC's decline in performance relating to the percentage of adult protection enquiries completed within seven days.

3. Partnership and integration - Co-operation drives service delivery.

Findings: Staff are empowered to co-produce solutions that meet self-identified outcomes with people who need care and support and carers who need support.

Managers are aware carers do not always receive the level of positive advice, guidance and support they need to enable them to continue to provide care. Plans are being developed to improve support for carers.

Service delivery is driven by an ambition to make a positive difference to the lives of Denbighshire residents. There are good examples of team managers delivering positive results, using their initiative and personal leadership skills to drive improvement in operational culture and practice.

Willingness to try new approaches and work with statutory partners is demonstrated through the development of Community Resource Teams (CRTs). Staff told us they are not confident strategic leaders in BCUHB are intending to realign budgets and resources to support the stated priority of 'Care Closer to Home'.
The health and social care community of services have developed rapidly since the inception of Denbighshire CC's SPoA. Managers recognise demands on the service have changed and they are keen to review how people receive timely access to care and support including at times of transition between home and hospital.
There is room for improvement in joint working between key partners to safeguard vulnerable people in receipt of care and support.

Individual level:

3.1 Most people can be confident the assessment they receive will focus upon their strengths, the outcomes they want to achieve with the support of families, and make use of community resources.

3.2 We heard about community navigators working with people who felt isolated and their families to access community activities.

3.3 Some carers told us they had been left out of decisions. Others told us they felt under pressure to provide key support to family members.

Operational level:

3.4 Managers of the CRTs described the two years it has taken them to find suitable bases for the teams and the challenges of IT systems that do not communicate. We heard about the amount of work they have done and continue to do to bring the teams together.

3.5 We saw how decisions on allocation of resources have been delegated to team managers and how demand and complexity is driving their workloads.

3.6 We heard about district nurses struggling to cope with increased demand and complexity, and how a shortage of domiciliary care services creates pressure on the system. We heard practitioners describe the 'Care Closer to Home' strategic plan of Betsi Cadwaladr University Health Board (BCUHB) as "unfunded". We spoke to senior managers in Denbighshire CC and BCUHB about the challenges of developing community resource teams from this we could not conclude strategic budgets and resources are best aligned to support with this (the) stated corporate priority.

3.7 The CRT managers recognise and are responding positively to the challenges they face in bringing health and social care cultures together within one team. They explained how they considered a range of options to promote cohesion and provide a joined up and sustainable response to people who needed support. They were able to demonstrate they understood the importance of co-production at all levels including the importance of language in promoting cohesion. They gave the example of asking at the point of crisis, "How are we going to respond as a CRT?"

3.8 We were shown how team rooms were organised to encourage sharing of information. We saw how the CRT coordinator, funded through Integrated Care Fund grant, provides administrative support to both health and social care staff. The CRT coordinator having access to both the health and social care IT systems ensures key information is available at triage meetings to inform decision-making.

3.9 We attended triage meetings and heard the discussion of five referrals. We heard timely and proportionate sharing of information and joint planning. In one example we heard about the need to forward plan the level of care required by an individual who had been urgently admitted to hospital the previous day. This was a good use of resources and demonstrated how the CRT ensured the person received the right care, at the right time, in the right place, and evidenced previous effective communication with the GP to arrange admission.

3.10 We saw the CRT receive good quality referrals from SPoA. The referrals contained a strong focus on people, their circumstances, strengths, barriers, and what is important to them. We saw one referral for extra support was already open to the community physiotherapist and was quickly and appropriately transferred. This demonstrated how good information sharing supports good quality, timely decision making. Health and social care practitioners told us how the new joint working was already reducing duplication of effort for them.

3.11 The Ruthin CRT co-located at the end of February 2019 and staff are already reporting the benefits of this new joint approach in responding to needs of individuals. Practitioners described how arranging joint visits has become simpler and they are finding more time to discuss how best to support people.

3.12 Practitioners also told us about well attended local daily triage meetings, improved joint working, joint learning, and effective sharing of information focusing on avoiding unnecessary journeys and duplication of visits. We heard

how Community Psychiatric Nurses (CPNs) and other professionals had occasionally joined triage meetings and how they'd found it beneficial and could see the benefits of co-location.

3.13 Staff of all disciplines told us they were aware of community navigators and liaised with them when they needed assistance to signpost people to community activities. We also heard about the positive impact of community navigators on reducing loneliness and contributing to the prevention of ill health and readmission to hospital.

3.14 We saw positive evidence of good communication between a social worker and a worker from the Reablement team to support a gentleman who was concerned about his ability to manage at home. We saw this positive professional relationship supported a clear focus on strengths and a good outcome for the individual. We found many examples of this type.

3.15 We saw evidence of good joint working with other agencies and services; including housing, and environmental health and referrals to third sector. We heard relationships between social workers and community nurses described as good with a mix of professionals attending complex case meetings when needed. We heard of good working relationships with CPN/Consultant Psychiatrist from this evidence we found most professional operational relationships were working well and producing positive benefits for people.

3.16 The benefits of joint working between statutory bodies at safeguarding strategy meetings were not always realised. Insufficient sharing of professional knowledge and challenge meant opportunities to improve service delivery and improve outcomes for people were not always maximised. This included missed opportunities to raise with BCUHB how specialist services support people who live in care settings and the repeat incidences of "unacceptable health and care standards on discharge".

Strategic level:

3.17 There is evidence of the local authority being proactive and working with partners to deliver sustainable services including issues around homelessness and dementia friendly communities.

3.18 Some voluntary sector representatives told us joint working was mostly good at the operational level and improved communication and follow up actions were starting to make improvements at the strategic level.

3.19 Some senior managers told us about both the importance of regional meetings and there concerns about duplication of work in very similar meetings. They gave the example of Community Safety Partnerships and regional safeguarding meetings.

3.20 We heard about Denbighshire CC's contribution to regional working from their partners. This included Denbighshire CC hosting a key project to deliver upon

pooled budgets to commission services for older people. We saw evidence of partnership working with the local health board in the form of developing CRTs. The Chair of Regional Safeguarding Board for Adults told us about the positive contribution made by Denbighshire CC at all levels.

3.21 We heard positive examples of senior managers in BCUHB and Denbighshire CC working together to resolve safeguarding issues escalated to them. We saw BCUHB and Denbighshire CC working side by side. There are further opportunities to ensure lessons from safeguarding consistently contribute to quality assurance and deliver better outcomes for people.

3.22 We saw documentary evidence of BCUHB and local authority senior officers working together to improve service delivery. We understand there are significant challenges to be addressed and 'Care Close to Home' is a strategy whose benefits are yet to be realised.

4. Prevention and early intervention

Findings: Single Point of Access and 'Talking Points' demonstrate the local authority and statutory partner's commitment to putting in place a system that provides people with the information, advice and assistance they need to take control over their day to day lives and achieve what matters to them.
The local authority will need to review SPoA and Talking points with partners, to ensure people receive timely and proportionate information, advice and access to care and support.

The lack of availability of domiciliary care support services is resulting in some people not receiving the care and support they need. This has been a long standing issue and requires action to prevent further carer breakdown and increasing pressure on staff in reablement services and community health services.

Evidence at individual level:

4.1 People have access to one single point of access for health and social care in Denbighshire. The SPoA can provide information and advice and signpost to other services for assistance. Mostly people do have the opportunity to explain 'what matters' to them and have access to support to prevent them reaching crisis and delaying their need for care.

4.2 People told us they received telecare and small pieces of equipment when it was needed. They told us they were satisfied with this service and it helped them to remain independent.

4.3 People are at home and delayed in hospital waiting for domiciliary care packages. There are instances where caring relationships have broken down due to the increased pressure on carers. This happens when delays occur in setting up packages or care providers 'pull out' of delivering services.

Evidence at operational level:

4.4 There is positive evidence of practitioners and services in Denbighshire working to prevent hospital admission and focusing on developing individual solutions to supporting people to remain independent and achieve outcomes that matter to them.

4.5 All practitioners we spoke with had a clear understanding that hospital is not the best place for older people once their acute illness has been resolved. Despite this we were told and saw communication on discharge could be improved.

4.6 We saw examples where discharge from acute hospital care resulted in safeguarding referrals because of breakdown in communication between hospital and care providers. We are not confident escalation resulted in similar types of incidents not being repeated.

4.7 We heard how requests for assistance from other professionals to work jointly to provide support had recently improved. We were told how previous requests went through SPoA and caused delays, now some requests go direct from one team to another. We saw examples where referrals from SPoA had been delayed and this had a direct impact on the responses people received from services. This included discharge from hospital.

4.8 Some voluntary sector groups told us they never get referrals from SPoA. Some said referrals were limited, others referenced 'they all come through at once', causing difficulties for the organisation in managing their workflow.

4.9 We found the staff working in the SPoA were diligent and very committed to delivering good services for people. We did not find evidence services were always well connected or people were always referred directly to the service most suitable for them at the time. Senior managers told us they were aware of the difficulties and had begun to address them.

4.10 We found a lack of clarity around eligibility for the reablement service, what it could offer and when. We are not confident it is always available to people who could benefit. We found there wasn't a waiting list for reablement but heard this is because staff do not refer into the team when they think there may be a delay in the service being offered.

4.11 We found significant evidence of emphasis on physical ability to complete tasks. On occasion, we found insufficient emphasis on how mental health and emotional wellbeing can limit an individual's ability to complete tasks and remain independent. We are not confident practitioners always recognise challenging behaviour can be the result of a situation with which the individual feels unable to cope.

4.12 We saw mostly good joint working and referrals between reablement, social care, voluntary agencies, community nursing, physiotherapy and occupational therapy. There were occasions when delays in responding to referrals for further support were caused by lack of capacity in teams. We heard how the Reablement service has periods of limited capacity because they are busy responding to gaps in the domiciliary care market.

4.13 We heard about waiting times for physio therapy and how this resulted in some people not having timely support to prevent further falls and we also heard how delays in continence assessments contributes to carer stress and breakdown.

4.14 We saw in files and heard from managers and staff about delays in the safeguarding process to protect people from abuse or neglect. A range of reasons were given for delays. These included gaps in national safeguarding guidance and processes. We found the guidance was being used as a substitute for professional judgement rather than an aide to support and guide professional

judgement. Managers made us aware of an action plan to improve safeguarding for adults in Denbighshire CC.

4.15 Practitioners in CRTs spoke passionately and confidently about their knowledge of the local population, the differences in localities and the needs.

4.16 We heard from practitioners how culture was different in the north and south of the county. In the south of the county we saw more referrals of people who were already in crisis. The local authority will need to explore whether the timeliness of referrals in the south of the county can be improved by an increase to preventative and early intervention services.

Evidence at strategic level:

4.17 Senior managers told us and we saw from file records reviewed that people are being left vulnerable when services are cancelled at short notice, sometimes only 24hrs notice. There is also an impact on staff who told us they can feel pressured because they think they are letting people down. We are aware this situation has been ongoing for a number of years in areas of the county.

4.18 We noted waiting lists for other specialities, in particular for falls assessment and physiotherapy which appears to be a prolonged position and we were told with no constructive plan to reduce. This potentially puts people at risk of avoidable falls whilst waiting for a response to their identified need.

4.19 Denbighshire CC's senior managers told us they are aware the challenges in SPoA are creating delays in some referrals being transferred to CRTs and safeguarding and the need for the service to evolve with the development of CRTs.

4.20 Staff spoke positively about the support they get from senior managers to develop a preventative approach and prevent people from reaching crisis.

Method

We selected case files for tracking and review from a sample of cases. In total we reviewed 50 case files and followed up on 12 of these with interviews with social workers and family members. We spoke with people who used the services.

We reviewed seven mental capacity assessments.

We interviewed a range of local authority employees, elected members, senior officers, director of social services, the interim chief executive and other relevant professionals.

We administered a survey of frontline social care staff.

We reviewed nine staff supervision files and records of supervision. We looked at a sample of three complaints and related information.

We reviewed performance information and a range of relevant local authority documentation.

We interviewed a range of senior officers from the local health board and spoke with operational staff from the local health board.

We interviewed a range of senior officers from statutory organisations and partner agencies from the third sector.

We interviewed care providers from the private sector

We read relevant policies and procedures.

We observed Peer Review and allocation meetings.

We attended a local community group and visited people in their home.

Welsh Language

English is the main language of the local authority and the inspection was conducted accordingly. We offered translation in co-operation with the local authority.

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