

Jake Morgan  
Director of Community Services  
Carmarthenshire County Council  
County Hall  
Carmarthenshire  
SA31 1JP

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Dear Director,

## Care Inspectorate Wales (CIW) - Assurance Check 2021: Carmarthenshire County Council

This letter summarises the findings of our assurance check on 1 February to 5 February. The purpose of this assurance check was to review how well local authority social services continue to help and support adults and children with a focus on safety and well-being.

### Overview

In March 2020, CIW suspended its routine programme in response to the COVID-19 pandemic to enable local authorities and providers to focus fully on responding to the challenging circumstances. A revised programme with local authorities recommenced in September to provide assurance about how people are being safeguarded and well-being promoted during the pandemic. We considered safety and well-being of people who use or may need to use services, the safety of services they access and the safety and well-being of people who work in services. We focused our key lines of enquiry within the four principles of the Social Services and Well-being (Wales) Act 2014 and have recorded our judgements and findings aligned to these: People - Voice and Control, Prevention, Partnerships and Integration, Well-being.

### Our focus was on:

1. How well is the local authority discharging its statutory functions to keep people who need care and support and carers who need support, safe and promote their well-being during the pandemic?
2. What is the local authority doing to prevent the need for children to come into care; and are children returning home to their families quickly enough where safe to do so?

Arolygiaeth Gofal Cymru (AGC)  
Swyddfa Llywodraeth Cymru  
Sarn Mynach  
Cyffordd Llandudno  
LL31 9RZ  
[www.arolygiaethgofal.cymru](http://www.arolygiaethgofal.cymru)

☎ 0300 790 0126  
✉ [CIW@gov.wales](mailto:CIW@gov.wales)

Care Inspectorate Wales (CIW)  
Welsh Government Office  
Sarn Mynach  
Llandudno Junction  
LL31 9RZ  
[www.careinspectorate.wales](http://www.careinspectorate.wales)

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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

3. How well is the local authority providing early help, care and support and seamless transitions between services for disabled children and their families?

### **Summary of findings and priorities for improvement**

**People - voice and control - We asked:** How well is the local authority ensuring people, carers and practitioners are having their voices heard, making informed choices, and maintaining control over their lives. While also balancing the recommendations and requirements made by Public Health Wales and Welsh Government to limit the spread of COVID-19?

Overall we found the local authority ensures people's voices are heard, their choices respected and people routinely achieved self-identified outcomes. Leaders have a line of sight on front line practice with clear plans that have led to creative practice.

People's circumstances were represented in the files we reviewed, a personal element was noted in assessment and care and support plans. Practitioner analysis was clear and focused with a good balance of information proportionate to circumstance. This provided evidence of practitioners who prioritised and focused on understanding life for people they were working with. For example, we reviewed a safeguarding intervention where the practitioner made links to the third sector (Tir Dewi which provided on farm support) and other local support to meet the outcomes identified by the person.

People were able to have an influence over services they received and were supported by advocacy as appropriate. This supports a focus on what matters to people, the outcomes they want to achieve, and how they can use their own strengths and resources to promote their own well-being. The mental capacity assessments we reviewed indicated there were robust systems and processes in place to ensure people's mental capacity was assessed appropriately when needed. Health partners indicated there were strong links between social care and health for this process.

We found many examples of direct payments helping people to have flexibility in the care and support they received. People, including carers, were given the opportunity to tailor and manage their own support through use of direct payments. There was evidence of direct payments being utilised during the pandemic as a means of providing alternative respite. We found instances of carers' needs being considered and supported alongside the cared for person, these were often considered in an integrated holistic assessment. There was a clear intention recognised to support carers during the pandemic; one carer for example, told us about how they were able to maintain employment during the pandemic with support provided.

Carers' needs were also recognised and responded to in children's services with support ranging from financial, practical to therapeutic; all made available according to need. We found practitioners working to engage parents in complex circumstances. Where the local authority had shared parental responsibility there was clear evidence identified of parents being involved or attempts to achieve inclusion in decision making through attendance at legal meetings, conferences and reviews.

We found the Welsh language 'Active Offer' was being promoted with recognition of people's first language recorded and services being delivered in people's chosen language.

Preferred language is recognised as a key factor in building effective relationships between people and practitioners. It is important the local authority builds on the 'Active Offer' for those people who are bilingual and explicitly address their preferred language in the provision of a service.

The geography and demographic of the local authority covers a large footprint with a range of services covering both highly populated and some very isolated rural areas. There was indication from some adults services staff that it can be difficult to keep track of the community based 3rd sector and volunteer resources available, this has the potential to limit options and information made available to people. This is an area the local authority should review to ensure the workforce has access to information about the range of services available.

Practitioners had high regard for approachable and supportive managers. The local authority has a culture of co-production and personal outcomes being developed with people and driven by leaders across the organisation. Staff have a shared motivation to work promptly and effectively with families. There is a clear strength based approach adopted across the service, evident in what we found about how social workers prioritise communication. The workforce had a high level of competence in how to work with people, this has been maintained as far as possible during the pandemic. Staff told us training on line has been available and is accessible to partners. Given the pandemic circumstances we found staff morale was very good.

**Prevention - We asked:** To what extent is the local authority successful in promoting prevention and reducing need for increased or formal support from statutory agencies?

We found a positive integrated approach to a culture of prevention through joint working, supportive infrastructures across social and health care and aligned delivery systems. This was evident in a prudent approach to resource allocation ensuring the right help was available at the right time, this prevents escalation of need and improves the quality of the individual's journey through the health and social care system. We found services such as the Emotional Health Support team, Edge of Care and Camau Bach have been planned and aligned to focus on the same aim. Files had clear personal outcomes recorded, particularly important in complex situations requiring co-ordination of support to address eligible need.

In adults services, the Delta / Connect project has been successful in promoting prevention and early intervention and reducing need for increased or formal support from statutory agencies. Staff and managers understood the need to ensure people are receiving appropriate care and support as well as the importance of making the best uses of resources, especially so during the pandemic. We saw evidence of enhanced use of technology to support people's safety as well as reduce loneliness and isolation. Bespoke individualised equipment was provided to support peoples' well-being with plans monitored through proactive calls and a 24/7 welfare response focusing on community based solutions. This enabled people to be supported at home and whenever possible, avoiding the need for admission to hospital or residential care.

Practitioners said there was a focus on preventative services in the local authority, with the availability of step down and community resources to support people. Many of these

services have not been available during the pandemic, but we heard of communities coming together and developing services.

In response to the pandemic there has been investment to support acute and field hospitals, with the local authority appointing a team manager to facilitate hospital discharges from West Wales General and Prince Phillip hospitals and support field hospitals. Since November 2020 the Well-being officers have been facilitating hospital discharges especially for people who do not have eligible needs for care and support. The community responders is another service the local authority has commissioned via Delta, using Transformation funding. Community responders have supported people to remain at home rather than be admitted to hospital and have also supported people to settle back home following a hospital admission.

We identified an encouraging culture of staff working together to the same aim. The approach to working with families was understood, there was a shared understanding in children's and adult services. In children's services, the pod meetings were embedded and highly regarded by all staff as an effective and supportive mechanism for themselves and the families they supported. These meetings combine a systemic and strengths based approach to evaluating work with families.

Our review of files found timely and proportionate interventions to support people's independence and to remain at home with families when it was safe for them to do so, taking in to account individual wishes. In children's services risks were dynamically evaluated to ensure decisions to instigate moves into care were made at points when relevant thresholds were met. We found early intervention to address problems before they escalated; this is an important contributor to improved stability of placements and security for children. Placement support was evident in many files we reviewed.

**Partnership and Integration - We asked:** To what extent is the local authority able to assure itself opportunities for partnership working are positively exploited to maximise person centred planning and ensure integrated service delivery and service sustainability?

At the individual level we found services co-produced based on a relationship of equals between practitioners and people who needed care and support and carers who needed support. Success was measured by gathering information about whether support was achieving the things that matter to people. There was evidence of practitioners developing professional working relationships with people built upon co-operation and shared understanding of what matters. People were supported to identify what matters to them and how they might achieve their personal well-being outcomes. The outcomes were clearly described and the actions to achieve them identified.

We had conversations with care leavers about their positive experiences; many of whom were still being supported by foster carers, others were in *When I am Ready* arrangements, and in further education.

Partnerships were found to be working well at all levels and delivering an integrated sustainable approach to meeting need and promoting well-being in line with legislation and expectations. Co-production was advanced and communities were engaged.

The local authority demonstrated opportunities for partnership working with health colleagues have been positively and successfully promoted to produce positive outcomes

for people. Integrated services and posts have provided the foundations for joint working across health and social care. We found practitioners from different sectors and services working effectively together. This is significant as effective partnership working contributes to strengths based, person-centred plans that maximise potential for increased independence. We were told there could be disagreements about funding between health and social care packages of care and different interpretations about the lead care management practitioner. There was no evidence we found of adverse impact on people because of this.

Our review of files identified information sharing taking place, we were advised multi-agency regional training is being planned to further promote information sharing across agencies. When children or adults were identified at being at risk of harm, strategy meetings were convened in a timely manner and information to inform decision making was shared by professionals in attendance. For both children and adults, even where decisions were not necessarily welcomed, a focus on engagement between practitioners and people ensured these were accepted in good faith and people understood what was expected of them.

We found a strong emphasis on professional disciplines working together; for example an education psychologist being part of the 0-25 Disability Team and other specialist posts in this team providing specialist knowledge. We received positive responses from staff about the 0-25 Team structural changes that occurred last year.

We saw how school and education staff worked closely with social workers; teachers providing a nurturing environment for vulnerable children and fully contributing to care and support. We found services commissioned through education colleagues making a positive difference to children's outcomes. In children's services we heard about good relationships with paediatricians but more limited benefits from interactions with Child and Adolescent Mental Health Services (CAMHS).

Providers told us about good communication and positive meetings with local authority commissioners during the pandemic. They said there was good communication and a culture of working collaboratively and making decisions together. We heard how the relationship between providers and care management teams had been strengthened during the pandemic.

A challenge for the local authority has been the reduced capacity of some partner organisations during the pandemic; for example we were told school nurses had been redeployed and local authority practitioners found this hindered the assessment and planning process. Some Third Sector services were limited in their offer of support due to strict COVID rules; this caused additional burden for front line practitioners. Conversely, we found safeguarding meetings had continued through the pandemic period and practitioners said remote meetings had resulted in improved attendance by partners.

**Well-being - We asked:** To what extent is the local authority promoting well-being, ensuring people maintain their safety and achieve positive outcomes that matter to them?

The local authority has exercised its functions under the Social Services and Well-being (Wales) Act 2014 to ensure it makes a positive contribution to the well-being of people who need care and support and carers who need support. At an individual level this has

included seeking out the person's wishes and feelings, respectful practice, building upon their circumstances and capabilities. Working in partnership with people to develop creative solutions was evident, improving the quality of care, securing well-being and preventing the development of people's needs for care and support. Identifying people's outcomes was a priority rather than process.

There was a collaborative response by all agencies to the pandemic including the development of a regional Escalation Policy for care homes. The Regional Safeguarding Board provided oversight and assurance in relation to safeguarding practice for vulnerable children and adults. During the pandemic we saw efforts made to maintain contact with people, with statutory visits and meetings taking place virtually but also some risk assessed face to face contact as appropriate.

The local authority has effectively promoted the well-being of people to ensure timely care and support was available to maintain their independence and safety. This was evident as we found assessments clearly recorded views in plain language with emphasis on personal circumstances, strengths, risk, barriers and what needs to happen to achieve personal outcomes. Care First prompts were helpful, they enabled practitioners to clearly articulate what they were worried about. The elements the person seeking support and protection brings to the process were recognised and valued.

Co-produced solutions were evident and there were positive outcomes for people subject to safeguarded interventions. From the files we reviewed, we found safeguarding enquiries and investigations conducted in line with statutory requirements. Strategy meetings and discussions were effective and involved relevant agencies. We found good analysis of risk, protection plans in place and action taken when necessary. Providers and partners said they were supported by the adult safeguarding team; their willingness to offer advice, guidance and assist with training of social care workers was acknowledged. Health colleagues indicated when things went wrong, social care and health would work collaboratively and openly to identify learning opportunities.

The pod meetings in children's services clearly promoted a holistic and strengths-based approach to working with families. This was demonstrated in records that clearly articulated outcome focused planning. Plans outlined clear achievable goals to safeguard children and improve their well-being through the provision of a range of services best suited to their needs. We reviewed a plan that included stringent risk measures to ensure a child's safety over the pandemic period. This comprised daily unannounced visits which focused on risk whilst also evidencing the quality of a positive working relationship between family and practitioner.

We saw care and support being adapted to meet peoples' changing needs and agencies contributing to the review process. Relationships and communication with people was collaborative in this process. Strengths-based conversations had replaced the traditional needs-based assessments with voice and choice prominent in the practice reviewed in both adult and children's services.

The files we reviewed demonstrated that whilst every effort was made to sustain independence, adults were also supported to make pragmatic decisions about when the time was right to move into care homes so they and could be more safely supported.

In children's services we found effective support from the multi-agency group and a good standard of reviews for care experienced children led by Independent Reviewing Officers. They had a mechanism in place to seek assurance about well-being in between formal reviews and hear from children and their carers.

Care Leavers were highly complementary about Personal Assistants (PAs) on the whole; they valued the dedicated support provided by PAs. There was, however, some feedback about inconsistency in support.

#### **Method:**

- we reviewed documentation supplied in advance of our visit
- we spoke with carers and people who were receiving or had received care and support, including nine care leavers
- we reviewed 30 files
- we held ten case tracking interviews with practitioners, managers and carers
- we held four focus groups
- we administered nine surveys
- we observed a carers champion meeting

#### **Next Steps**

We have identified strengths and areas for priority improvement and we will review the progress of these areas through our performance evaluation review meetings with the heads of service and director. We expect the areas of improvement we have identified to be included in the local authority's improvement plans. We would like to extend our thanks to all those who helped with the arrangements for this assurance check and to those people and staff who spoke with us.

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Yours sincerely,



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