

Performance Evaluation Inspection of Monmouthshire County Council

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

Introduction

Care Inspectorate Wales (CIW) carried out a performance evaluation inspection of adult services in Monmouthshire County Council ('MCC'/the local authority) in July 2022. The purpose of this inspection was to review the local authority's performance in exercising its social services duties and functions in line with legislation, on behalf of Welsh Ministers.

We seek to answer the following questions aligned under the principles of the Social Services and Well-being (Wales) Act 2014 (The 2014 Act).

1. People - voice and control

How well is the local authority ensuring all people are equal partners who have voice, choice and control over their lives and are able to achieve what matters to them?

2. Prevention

To what extent is the local authority ensuring the need for care and support is minimised, and the escalation of need is prevented whilst ensuring that the best possible outcomes for people are achieved?

3. Well-being

To what extent is the local authority ensuring that people are protected and safeguarded from abuse and neglect and any other types of harm?

4. Partnerships

To what extent is the local authority able to assure themselves effective partnerships are in place to commission and deliver fully integrated, high quality, sustainable outcomes for people?

This inspection focused on the effectiveness of local authority services and arrangements to help and protect people. The scope of the inspection included:

- evaluation of the experience and outcomes people achieve through their contact with services.
- evidence of the local authority and partners having learnt lessons from recent experiences and plans for service developments and improvement.
- consideration of how the local authority manages opportunity and risk in its planning and delivery of social care at individual, operational and strategic levels.

1. Summary

- 1.1 In common with many other local authorities in Wales, MCC is experiencing a challenging time in relation to the provision of social care. Many of the pressures currently experienced by the local authority's adult services reflect the national pandemic recovery context including high levels of demand and increased complexity of people's needs.
- 1.2 The challenges of a shortage of domiciliary care are clearly having an impact on the delivery of care and support. Though compounded by the pandemic, the issue of sufficiency of domiciliary care has persisted in the local authority for some time, as evidenced in CIW's inspection report in 2019. The local authority has multifaceted challenges with its demographics and geography which impact on the availability of the workforce. The cost of living in the county is high, which will only be exacerbated by the current cost of living crisis, potentially resulting in people who would work in the domiciliary care sector not being able to afford to live within the local authority area.
- 1.3 Staff told us about the challenges in supporting people to achieve their personal outcomes due to a lack of resources. Although there are good operational examples of professionals working together, especially in the integrated teams, effective partnerships are not always in place to deliver good outcomes for people. We heard hospital discharge can be a particular area of pressure. The local authority needs to continue to work strategically and operationally with its partners in the local health board to look for solutions to alleviate the situation.
- 1.4 The recruitment and retention of social work and occupational therapy staff is also a national issue. We heard from managers the growth in staff teams has not aligned with the growth in demand. A key future challenge is a number of staff are nearing retirement age, and with this comes a risk that knowledge and experience will be lost. The local authority recognises this risk, and must take action, as it is their responsibility to maintain a sufficient and suitably qualified workforce to meet increasing demand.
- 1.5 The local authority responds to immediate safeguarding concerns. Through reading social care records, we saw evidence of professionals in the safeguarding team working effectively with colleagues from the local health board and the police, as well as wider local authority teams, to protect adults at risk. Whilst we found evidence of improvement in the time taken to undertake enquiries, there remains delay in some situations. The local authority needs to continue to work with partners to embed the threshold for

safeguarding concerns as well as the need for enquires to be completed in line with statutory guidance.

- 1.6 We found, in general, most people's voices are heard. However, we also found gaps in social work practice where strengths and risk were not fully considered and documented, and the impact of caring was not always recognised. A lack of professional curiosity, analysis and recording may mean people are not getting the quality of services the local authority has a statutory duty to provide.
- 1.7 We found eligibility for services was not always fully explored and documented, resulting in people's rights and entitlements not being consistently communicated to them. At times, we found it difficult to understand the rationale for services being provided. Statutory reviews are also not undertaken in a timely manner. The local authority is missing opportunities to ascertain whether people have met their outcomes or continue to need support to do so.
- 1.8 The areas highlighted for improvement in this report lead us to determine management oversight is an area requiring further development. Leaders and managers need to ensure they have an improved line of sight on front line practice via improved quality assurance processes.
- 1.9 In adult services, there is a strong strategic focus on prevention and transforming practice through the 'Monmouthshire Aligning Place Based Care' project. The local authority describes place-based working as a way of building a network of community support, in a particular place, to help people remain connected to things that matter to them to support their health and well-being and help prevent, delay, and reduce the need for more formal care and support. The high level 'Integrated Well Being Network Plan 22/23' details how the local authority plan to maximise the place-based way of working to include co-locating the integrated social services and health care teams with universal wellbeing partners. CIW will monitor the effectiveness of these arrangements in the future.
- 1.10 Whilst recognising the national challenges which are in common with those impacting on other local authorities in Wales, further work is required by MCC, and its partners, to ensure their strategic and operational developments are focused on meeting their statutory responsibilities as well as ensuring practitioners are consistently working to the principles of the 2014 Act, ensuring people can receive the right service at the right time and in the right place.

- 1.11 During this inspection we found progress has been made in several areas. This has resulted in developments to practice and better outcomes for people. This progress has been achieved against a backdrop of the additional pressures and challenges of the COVID-19 pandemic.

Key findings and evidence

We present some key findings and evidence below in line with the four principles of The Act.

2. People – voice and choice

Strengths:

- 2.1 For many people, their voices are heard, and people's personal outcomes are captured. We saw some detailed and comprehensive biographies and personal circumstances, evidencing 'what matters' to the person. Many people said social services were helpful and they were treated with dignity and respect by practitioners.
- 2.2 There was evidence of capacity being considered in most of the social care records reviewed and assessments of people's mental capacity we read were generally good, with evidence of practitioners' knowledge and ability to practice in accordance with the principles of Mental Capacity Act (2005).
- 2.3 Direct payments afford people the opportunity to tailor and manage their own care and support and it is positive that there has been an increase in the number of people receiving them. The local authority must however continue to assure itself direct payments are consistently offered as well as ensuring the reason for the person refusing them is recorded.

What needs to improve:

- 2.4 The quality of assessments and care and support plans seen was varied. People's strengths are not well considered. Professional judgment and analysis of risks can be poor with very few records documenting risks have been considered. The local authority must improve the way it reflects people's strengths and barriers to achieving their personal outcomes, and the risks of them not achieving them. A review of the documentation to explicitly include the five areas of assessment, as defined by the 2014 Act, may help practitioners articulate the circumstances of the people they are working with more effectively and in a more strengths based, outcome focused way.

- 2.5 Whilst we saw the offer of the Welsh language and people's language preference captured in many social care records, the local authority's performance data indicates improvement is needed in consistently offering and recording the Welsh active offer, to ensure people can effectively communicate the outcomes they want to achieve. When English or Welsh is not the person's first language the local authority should consider the use of an interpreter to benefit the person in articulating their outcomes, as using family members to interpret could be considered a conflict of interest.
- 2.6 We are not assured the need for advocacy is considered consistently by all practitioners. The offer and provision of advocacy is not only important in ensuring people have their voice heard, but it also contributes to ensuring people's rights are promoted and protected. The local authority must ensure the importance of advocacy is understood and that formal advocacy is commissioned when this is required. The local authority may want to consider a way of routinely recording the offer to assure itself of the appropriate consideration and use of advocacy.
- 2.7 Despite a positive increase in the number of people accepting the offer of a Direct payment, there is a lack of sufficient resource to process these requests. The local authority needs to prioritise increasing its resource to ensure people can access a direct payment in a timely way. We are aware of regional collaboration to see if the process of implementing a direct payment can be streamlined.
- 2.8 Consistency in recording people's eligibility for support services needs to improve. We saw some evidence of people having an occupational therapy assessment for equipment, but who were paying privately for support, and while this may be personal choice, they were not offered an assessment. The local authority should ensure people's rights are protected by explicitly offering an assessment for care and support with any eligible needs noted. The local authority should ensure that practitioners of all disciplines in the integrated teams are aware of the statutory duties under the 2014 Act.
- 2.9 Whilst some carers were offered assessments and those we heard from were generally happy with the support they received, in other social care records it was difficult to identify how the impact of being a carer was considered or see an offer of an assessment. During discussions with staff, they recognised the impact on carers due to the lack of domiciliary care, but this did not translate into a consistent offer of support. The local authority needs to ensure practitioners consistently comply with the general duty to promote the well-being of the carer as well as the cared for, by explicitly offering carers assessments to people to discuss what support they require to continue ensure their caring role is sustainable, with reasons for refusal of an assessment routinely recorded.
- 2.10 Most practitioners reported receiving regular supervision from their managers.

Supervision files viewed varied in content and quality. In common with many other adult services across Wales, supervision discussions are not recorded on social care records, which makes it difficult to understand the level of managerial oversight when reading the record. Supervision provides an opportunity for reflection, constructive challenge to create change, identify potentially missed opportunities and build confidence. We are aware the local authority is in the process of redrafting its supervision policy. It needs to assure itself there is robust management oversight of cases and reflective conversations are had, with sufficient information noted to evidence decision making.

2.11 Senior managers need to further develop quality assurance systems and performance information. The local authority should focus on reinvigorating its quality assurance process as we are not assured that the processes involved are effective. We are aware of an audit tool in the safeguarding team but the use of it has not been fully embedded yet due to the challenges with staffing in the team. Robust quality assurance procedures would assure local authority managers have the necessary improved sight on front line practice and decision making and be assured care and support in MCC is safe and effective

3. Prevention

Strengths:

- 3.1 MCC has a clear vision and plan to work towards place-based approaches. This ensures staff are working towards agreed principals and have a common purpose. We can see how it is a particular strength of the local authority and how there is a strategic focus on universal wellbeing services being available within communities. The local authority has worked hard to reshape and re-design its service with a focus on ensuring people receive the right help at the right time. We heard how the success of the preventative, wellbeing service is measured through gathering people's stories and experiences of change resulting from accessing universal support which highlights how they are achieving the things which matter to them.
- 3.2 The local authority is aware of and is monitoring waiting lists across service areas, which clearly impacts on providing early intervention and support for people, but despite this demand we saw some good examples of support offered in a timely manner. The model of integrated teams, where different professionals work together, is flexible enough so support can be tailored and directed. Requests for urgent support are responded to.

What needs to improve:

- 3.3 In the current context of adult social care, it is an overwhelming challenge to effectively prioritise preventative support and services. We know a particular strength in MCC is universal support services, however, the challenge for senior managers is they must also ensure equal time and energy is directed into statutory care and support services to ensure these are also able to deliver a range of preventative options to meet people's outcomes.
- 3.4 We know demand is outstripping supply, and with regard to domiciliary care, this has been the case for some time in MCC. We saw examples of people requiring care in their own homes to remain independent, but this not being available. In some cases, this leaves carers needing to provide more care than they can without a detrimental effect on their own wellbeing. There is no doubt the workforce is striving to support people and we heard it is a frustration for them to assess people in the knowledge there is no domiciliary care available. There is also the impact of the time and resource directed into managing the ongoing risk of people living without the care and support they need.
- 3.5 The importance of timely hospital discharge is understood and remains a priority but providing domiciliary care to facilitate people's safe discharge is a challenge for the local authority. We were told how this can result in people having to go into a care home whilst awaiting a package of care. Without the focus on keeping the person as independent as possible these interim arrangements have, at times, resulted in the person becoming permanently resident in a care home as their needs have increased or they become dependent on twenty-four-hour care. This raises important questions about people's human rights, and the impact on public funds and sustainability.
- 3.6 For many people, their assessments and reviews are delayed due to waiting lists evident across teams and professions. The local authority's performance figures demonstrate only roughly half of all reviews due are completed within statutory timescales. This runs the risk of people's changing needs not being addressed and any deterioration not identified at the earliest stage. It also misses the opportunity for services to end when no longer required which would release capacity into the domiciliary care market. It is unclear from the recording system whether a formal review of care and support has taken place and whether the support already in place is meeting a person's outcomes as anticipated. Providers also commented on how they are not regularly invited to take part in reviews. The local authority needs to ensure reviews are undertaken in a timely manner, and all relevant professionals are invited to contribute, as it is missing the opportunity to assure itself that resources are being used to best effect.

4. Well-being

Strengths:

- 4.1 We saw good examples of effective and timely adult safeguarding, and this opinion was supported by key partners.
- 4.2 Practitioners in adult safeguarding are confident in their ability to respond to safeguarding concerns and act where necessary. We saw the response to safeguarding referrals was timely and that strategy discussions and meetings involved relevant professionals, and most are held in a timely manner, despite reports that it can be challenging to obtain a police response at times due to the pressure of prioritising their work.
- 4.3 The safeguarding team have positively developed aspects of the service including raising awareness of thresholds and discussing concerns with partners through engagement, for example regular meetings with Llanarth Court, a specialist secure hospital for people with mental illnesses and/or learning disabilities.
- 4.4 Generally, feedback from the staff survey was staff/ practitioners feel well supported by management and workloads are manageable. The Integrated Service Business Plan 21/22 highlighted staff wellbeing as a high risk with actions to mitigate this in the plan. We heard how staff morale was generally positive, managers were well regarded by staff, and managers in turn commented they have a committed and dedicated workforce. Workers valued the accessibility of managers and peer support from team members.

What needs to improve:

- 4.5 We saw how the performance measure for section 126 enquiries being undertaken within 7 days has seen an improvement. The end of year figure for 2020/21 was 51.1%, which rose to 65.5% at the end of 2021/22. This has further improved with the end of quarter 1 2022/23 now showing as 75.7%. However, there are clearly still some improvements required. We heard at times there can be a delay with colleagues in the local health board, and in internal teams, completing the safeguarding enquiries within the statutory timescale, due to the pressure this places on staff. The local authority needs to ensure all staff and partners have an improved understanding around recognising their role in protecting people and working in partnership with the safeguarding team.
- 4.6 Improvements are required in ensuring the voice of people is heard during the safeguarding process as the outcomes people want are not always clearly

recorded. Further work is needed to ensure this remains central during safeguarding enquiries.

4.7 We acknowledge the safeguarding team have a development plan, but progress has been hampered by lack of management capacity due to staffing issues. The local authority must ensure an appointed manager can focus on delivering improvements detailed in the plan, to ensure that the All Wales Safeguarding Procedures are embedded in practice, including monitoring its effectiveness.

4.8 We heard about how the local authority's recording system requires improvements to fully reflect the requirements of the All Wales Safeguarding procedures. The local authority has plans to address this, including ensuring all frontline practitioners have timely access to historical and current safeguarding concerns and actions taken by the safeguarding team.

4.9 In more general care planning, the recording of risk and risk management is an area for improvement. There is often no evidence of consideration of risk noted in people's care plans and therefore professional judgement and analysis of people's situations is not easily evidenced.

4.10 Contingency planning is largely absent from people's social care records. The local authority should review this practice to ensure care and support plans are person centred, can aid duty/out of hours practitioners who may not be familiar with the person, and avoid people having to repeat their stories.

4.11 We heard from practitioners they are feeling the negative impact of the lack of domiciliary care support, knowing that people are at risk in the community and hearing the frustrations that people and their families express to them. They also spoke about the impact of having to undertake the commissioning role of sourcing packages of care. Practitioners told us the establishment of some teams has not increased to recognise the increase in demand and complexity. We were told by senior managers they are currently undertaking workforce modelling with the aim of aligning complexity of need with appropriate resources. The local authority should consider their internal communication strategy, as practitioners may benefit from reassurances that senior management are working towards providing solutions to alleviate their concerns.

5. Partnership and Integration

Strengths:

- 5.1 We saw evidence of practitioners developing a professional working relationship with people built upon co-operation and a shared understanding of what matters.
- 5.2 Generally, we saw how opportunities for partnership working are positively exploited. We heard how collaborative partnerships are evident in relation to universal wellbeing services being place based at 'street level' in the community – with a shared understanding of wellbeing illustrated in its broadest sense by the 'wellbeing tree' of the Monmouthshire Collaborative Approach to Wellbeing, which was developed by community partners and Swansea University. We understand more work is being done to add statutory services into the place-based model to ensure a holistic, place-based, team within communities.
- 5.3 Most partnerships are working well at an operational level. The vast majority of staff expressed the view the integrated model of delivering services is a strength. We saw evidence of close collaboration between occupational therapists, physiotherapists, and social workers and heard about the benefits of integration and co-location to ensure better outcomes for people. The partnerships built with primary health care clearly benefit people working in and receiving services from the integrated team model.

What needs to improve:-

- 5.4 We heard how relationships in secondary health are challenging particularly in regard to hospital discharge. Communication can be difficult and lack of consideration of the pressures in the community can lead to inappropriate hospital discharges which leave community teams dealing with crisis. Practitioners have appropriately escalated their concerns about the practice to their senior managers.
- 5.5 Working in partnership with people and carers on co-produced outcomes requires improvement with the domains of assessment and principles of the 2014 Act needing further embedding in practice. At times, the support is service led and functional rather than focusing on the outcomes the person wants to achieve. We understand there are plans in place, including further training sessions on strengths-based practice to enhance this.
- 5.6 We were unclear of commissioning roles and responsibilities as practitioners told us that they contact providers directly to commission care. The local authority should review this given the current challenges the teams are facing with the pressure from waiting lists.
- 5.7 We are aware of the plan to develop 'Microcarers' and welcome any new initiative to remedy the current situation. This work has not come to fruition yet, but may help with rural, hard to reach areas, and low levels of need. Further

assurance is required in regard to the local authority's commissioning strategy to commission domiciliary care for all individuals who require it.

Next Steps

CIW expect MCC to consider the areas identified for improvement and take appropriate action to address and improve these areas. CIW will monitor progress through its ongoing performance review activity with the local authority.

Methodology

Fieldwork

Most inspection evidence was gathered by reviewing the experiences of people through review and tracking of their social care record. We reviewed 28 social care records and tracked 8.

Tracking a person's social care record includes 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 also; -

- interviewed a range of local authority employees
- interviewed a range of partner organisations, representing both statutory and third sector
- reviewed a sample of staff supervision files.
- reviewed supporting documentation sent to CIW for the purpose of the inspection.
- administered surveys to staff, partner organisations and people.

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