

# Performance Evaluation Inspection of Cyngor Gwynedd

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## **Introduction**

Care Inspectorate Wales (CIW) carried out a performance evaluation inspection of adult services in Cyngor Gwynedd ('CG'/the local authority) in September 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. We recognise adult social care covers a wide range of activities to help people who are older or living with disability or physical or mental illness. 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, Cyngor Gwynedd (CG) 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 since before the pandemic. This was the area of most concern for practitioners and managers in adult services. Staff told us about the challenges in supporting people to achieve their personal outcomes due to a lack of resource and we found insufficient capacity to meet demand. There are examples where domiciliary care services are not available, and people have no choice but to move into a care home for interim periods even though their preference may be to receive care and support at home.
- 1.3. The local authority is not able to effectively capitalise on opportunities to support the preventative agenda in a way which clearly reduces demand on care and support services. Despite this there is a clear vision for local place-based community services and support currently benefiting people, including resources for carers groups and hubs to support younger people's emotional well-being.
- 1.4. There are excellent operational examples of professionals working together to support people, especially in teams where practitioners from different disciplines collaborate, such as the learning disability team. Hospital discharge is an area of pressure particularly in the larger acute hospitals. The local authority needs to continue to work strategically and operationally with its partners in the local health boards to look for solutions to alleviate the situation.
- 1.5. The local authority responds well to safeguarding concerns. We saw evidence of professionals in the safeguarding team working effectively with partners from the local health board and the police, as well as wider local authority teams, to protect adults at risk. There are also wider forums for considerations of risk where the threshold for safeguarding has not been reached.
- 1.6. We found most people's voices are heard and well reflected in care planning. A person's ability to meet their personal outcomes using their own strengths and resources could be further considered. We also found although practitioners recognise the impact of caring, this did not lead to evidence of a clear offer of a carers assessment as is outlined in legislation.
- 1.7. We heard from managers the growth in staff teams has not aligned with the growth in demand. The local authority must continue to act, as it is their responsibility, to maintain a sufficient and suitably qualified workforce to meet

increasing demand. This clearly has an impact on the authority's ability to carry out statutory reviews in a timely manner. The local authority is missing opportunities to ascertain whether people have met their outcomes or continue to need support.

- 1.8. We found progress has been achieved in several areas against a backdrop of the additional pressures and challenges of the COVID-19 pandemic. This has resulted in developments to practice and better outcomes for people.

## **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 most people, their voices are heard, and their personal outcomes are captured. We saw detailed and comprehensive biographies including history and circumstances, evidencing what matters to the person in their own words. Most people said social services were helpful and they were treated with dignity and respect. There were many examples of practitioners working consistently and collaboratively with people. A strength noted in our previous performance review in January 2021 was how well practitioners know the people they work with, and the communities they work in, and this remains the case. People are listened to by practitioners who demonstrate a caring and professional approach.
- 2.2. People can feel confident of receiving a service in their preferred language because the local authority has a high number of bilingual staff and is proactive in its Welsh language offer. The excellent recording of this offer remains a strength from our previous performance review. People told us they valued language choice particularly at difficult times in their lives. We saw the proactive use of interpreters for other languages as well to enable people to contribute.
- 2.3. The quality of assessments and care and support plans seen was generally good. Professional judgment is recorded, and an analysis of risks usually evident. Some assessments are over focused on need rather than strengths. The local authority should continue to improve the way it reflects people's strengths, so it is clear how these contribute to people achieving their personal outcomes. We saw some positive examples of adults benefitting from advocacy support, but consistency in recording the offer could be improved.

2.4. In discussion with senior managers, we heard how staff well-being is a particular focus. Feedback from our anonymous staff survey reflects practitioners are well supported by colleagues and managers (87%). Practitioners we spoke to were also positive about the accessibility of managers and peer support from team members. Managers commented they have a dedicated workforce, and this is the local authority's best asset. Most respondents to our staff survey felt their workload was manageable (67%), leaving over a third who feel this is not the case. The local authority should consider this result and review the number and nature of their workloads allocated as it is also a theme identified from our discussions with practitioners. We recognise the local authority has implemented measures to manage workloads such as waiting lists which prioritise assessments. Senior managers told us they are currently undertaking workforce modelling with the aim of aligning complexity of need with appropriate resources.

### **What needs to improve:**

2.5. This inspection took place at a time of transformation in Gwynedd adult services. Following a pilot in four areas, the local authority is moving to a single local provider for domiciliary care in each area to streamline the service. This has not yet improved the waiting lists for care which have been increasing and were high even prior to the pandemic. Of particular concern at present is the ability of the local authority to meet people's outcomes if they require care at home. We heard the impact of demand outstripping supply including people left without care entirely while others are staying in hospital longer. Subsequently, there is increased pressure on unpaid carers, people placed on long waiting lists or moving into care homes unnecessarily due to a lack of care at home. The lack of domiciliary support is a theme noted in the complaint information provided by the local authority prior to the inspection. While understanding the authority's long-term vision to transform the service this current situation cannot continue and must improve.

2.6. Senior managers are aware of the challenges in front-line practice, albeit their capacity to respond across all areas of the organisation is a challenge given so many pressures. From the results of our staff survey, practitioners felt communication from senior managers could be improved particularly in the context of major service transformation. Positively, people reported receiving appropriate training and support to undertake their roles, although some said time constraints could be a barrier to accessing this.

2.7. In some areas of adult services, workforce recruitment and retention are at crisis point with the risk of the local authority not meeting some statutory duties. The impact on the lives of people using services is eligible needs being unmet due to limited support and lack of choice. This includes not only care at home but also care home beds. Practitioners expressed concerns about the impact on people's well-being at a time when the system has '*ground to a halt*' and there is a '*bottleneck*' in terms of successfully supporting people to stay at home. We heard their frustration when assessing people in

the knowledge there is no care and support available in some areas. There is also a significant impact on time and resource being directed into managing the ongoing risks of people living without the care they need. The local authority is striving to improve this position locally and senior managers are clear they would welcome a national response to some of these difficulties. Other areas where recruitment is challenging include occupational therapists (OT) and some specialist social worker roles such as Approved Mental Health Professionals (AMHP), which there is a duty on the local authority to provide. We expect the local authority to continue to monitor and review their workforce plan to meet their statutory duty of ensuring a sufficient and suitably qualified workforce.

- 2.8. The local authority needs to prioritise increasing its promotion of direct payments to ensure these are easily accessible for people. Direct payments afford people the opportunity to tailor and manage their own care and support as well as providing a potential alternative to domiciliary care for some people. At times, we saw opportunities missed to offer these to family members. The local authority must assure itself direct payments are consistently offered as well as ensuring the reason for any refusals are recorded. We heard overwhelmingly positive feedback from a small number of carers of people with learning disabilities who use direct payments to good effect. We also heard a positive example of direct payments in one area being used by people to fund support to socialise, helping to address issues of loneliness and isolation.
- 2.9. CG must ensure carers are routinely informed of their rights to an assessment and this is understood, recorded, and promoted by all staff. Carers' assessments, when applied consistently, will ensure opportunities for supporting carers and promoting their well-being can be more effectively identified. Often the physical, emotional, and psychological impact of being a carer was considered and reflected well in our discussions with staff and in the social care record, but it was difficult to identify an unambiguous offer of assessment. Carers we spoke with were generally happy with the support they received. The local authority must strengthen its offer of a formal carers assessment to ensure the rights and voice of all carers are fully promoted. Positively, we heard of a work programme in progress to strengthen information and data collection regarding unpaid carers to identify people more easily and improve training for the workforce on this topic.
- 2.10. Most practitioners reported receiving regular supervision from their managers. Supervision files viewed varied in content and quality. The discussions largely reflected the challenges of providing direct support services to people rather than focusing on the outcomes to be achieved. 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 potential missed opportunities and build confidence. We understand the local authority has recently re-visited the staff supervision policy which now needs to be fully embedded in practice.

- 2.11. Senior managers must 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. This was identified as an area which required improvement at our last inspection and following this inspection, this remains to be the case. Robust quality assurance procedures would assure local authority managers of the improved oversight of front-line practice and decision making to be assured outcomes for people are central to practice.

### **3. Prevention**

#### **Strengths:**

- 3.1. We saw clear examples where the local authority is aiming to directly minimise the need for formal care and support. For example, a project in Dyffryn Nantlle between Age Cymru and the Community Resource Team (CRT), focuses on the use of local community support options to promote people's independence, rather than statutory services, where this is appropriate for the person. A strong preventative focus rests at the heart of the project where solutions are led by what matters to the person, their strengths, informal support network and personal preferences. We noted examples of positive outcomes people had achieved, such as increasing confidence, reducing pressure on carers and reducing the need for a formal package of care. Another example is the social care project at Penyberth between Cyngor Gwynedd (CG), Betsi Cadwaladr University Health Board (BCUHB) and ClwydAlyn housing under the same programme of transformation. This scheme is supporting people in hospital to return to live in their own homes whilst also reducing hospital admissions. The local authority will rigorously evaluate these projects and share the learning.
- 3.2. The local authority is working hard to reshape and re-design its service with a vision of people receiving outcome based local support when needed. Gwynedd commissioners and partners have promoted universal well-being services such as the well-being hubs for people up to the age of 25 in Caernarfon and Blaenau Ffestiniog, funding for carers outreach workers and a sitting service. Gwynedd Oed Gyfeillgar (Gwynedd Age Friendly) funded 55 projects across the county since the start of 2022 to promote confidence in older people to start socialising again following the pandemic. CG shows a commitment to redesigning care to meet demands. For example, the mental health Hub in Pwllheli, a service provided by Canolfan Felin Fach, has been reopened to offer emotional and practical support to people.
- 3.3. At our last performance review, we noted adult services had established five information, advice, and assistance (IAA) points throughout the county to improve access for people. The local authority has been working with Dewis Cymru to simplify well-being information and advice. From our survey results, 87% of people consider the local authority easy to contact and most thought the support options discussed with them were useful. In most social care records reviewed people received a timely response to their contact and

proactive actions following referrals. Despite clear pressures, practitioners can prioritise and undertake visits with appropriate urgency. There are excellent operational examples of joint working in multi-disciplinary teams such as learning disability. We saw timely communications and contacts to other support services such as primary care or discussions with colleagues including OT, physiotherapists, community nurses and in some cases General Practitioners (GPs).

- 3.4. As part of its focus on promoting well-being, there is a strategic commitment to combining services for unpaid carers by including friendly communities and Dementia Actif Gwynedd to simplify community support. Gwynedd Carers Network provides a forum for agencies and unpaid carers to come together to share information and ideas. For instance, funding to support short breaks for carers and a sitting service which was valued by the carers we spoke to. Dementia Actif Gwynedd has focused on the well-being of people with dementia and their carers through the provision of information and activities, including online activities. Individuals from that group informed us they are clear of who they can contact, and are signposted to relevant support, including third sector services. We saw positive measures of the success of these services which are gathering people's stories and highlighting how they are achieving the things which matter to them.
- 3.5. There has been significant investment in the moving and handling occupational therapy service which supports enablement. Positively, performance information provided by the local authority demonstrates waiting lists for occupational therapy assessment have significantly improved since our last performance review in January 2021. Despite this there are challenges with recruitment in this area and for certain types of intervention such as bathing assessments. People continue to wait an unacceptable amount of time while other interventions take priority. We heard positive feedback from one carer about home adaptations, particularly the installation of a ramp which had enabled their partner to access the garden and significantly improved their quality of life. Despite the pressure there was evidence of timely interventions where the moving and handling team successfully promoted independence including enhanced use of technology to support people's safety.

**What needs to improve:**

- 3.6. In the current context, it is an overwhelming challenge to effectively prioritise preventative support and services. The local authority is aware of and is monitoring waiting lists across service areas, which clearly impacts on providing early intervention. The model of Community Resource Teams (CRT), where different professionals work together, is flexible enough so support can be tailored and directed. The importance of timely hospital discharge is understood and remains a priority but providing care to facilitate people's safe discharge is a challenge for the local authority.

- 3.7. Pressures in the local authority has meant it has been unable to formally review all people's care and support plans within required statutory timescales. Similarly, we found changes in people's circumstances are sometimes recorded within existing assessments, rather than a re-assessment of circumstances being undertaken. Practitioners we spoke with were open about statutory reviews not being prioritised due to more urgent work. Where reviews are not timely there is a risk people's changing needs are not monitored leading to inappropriate provision of care and support. The local authority must ensure reviews are undertaken in a timely manner to monitor changes and mitigate against this risk.
- 3.8. We noted a project with 'Community Catalysts' which encourages people to set up small companies to provide care. This is a two-year project to develop micro enterprises to target recruiting people who may want to work more flexibly in social care. This is beginning in Llyn and Eifionnydd as these are two areas facing difficulties with domiciliary care provision. There are also community connectors appointed into each area via the work on community resilience. This forms part of the preventative agenda and positively exploits opportunities to support people to live fuller and happier lives in their communities. These projects are in their infancy and will require evaluation, but the investment is a recognition by the local authority of their duties under the Social Services and Well-being (Wales) Act (2014) to promote different models of care that will meet the well-being needs of individuals.

#### 4. Well-being

##### Strengths:

- 4.1. What matters conversations are mostly recorded in plain language leading to plans which support people to manage their well-being. We heard examples of practitioners working with people for many years across different teams in adult services and developing good professional relationships. In one example, a younger person expressed a desire to remain at home rather than move into a care home and practitioners strived to maintain the person's independence. When people access care we heard praise about the care workers, with one person telling us '*the carers are great and always smiling*'. During discussions, some people told us they were unaware they had received an assessment or had a care plan so the local authority must be more explicit about this. This is significant to ensure there is an agreed understanding of how needs will be met, and personal outcomes achieved.
- 4.2. We saw good evidence of safeguarding practices undertaken in line with statutory requirements. The adult safeguarding team members expressed confidence in their ability to respond to safeguarding concerns and act where necessary. The performance measure for section 126 enquiries being undertaken within 7 days is approximately 88% in 2022, and delays largely relate to obtaining the return of timely information in acute hospitals. Partner agencies and professionals from CRT express confidence in the local authority's safeguarding processes and procedures. The staff survey noted key strengths in safeguarding and promoting people's well-being. Despite the

additional pressure this creates we heard there is willingness from other teams to undertake safeguarding enquiries, and from social care records reviewed, we saw how there is an increase in confidence around these practices.

- 4.3. From our review of social care records people are protected and the decision making appropriate in relation to safeguarding practices. In more general care planning, there is often evidence of professional judgement and analysis as it is prompted by a particular section of the assessment documentation. This consideration could be enhanced in care and support plans to evidence clear decision making about how risks are being addressed collaboratively with the person. We noted a multi-agency *Vulnerable Adults Risk Management* (VARM) forum, led by the police, had been created for people considered at risk, but who do not meet the adult safeguarding threshold. This corroborates feedback from key safeguarding partners that they are easily able to raise concerns about people's safety and escalate where necessary. The local authority should ensure outcomes of safeguarding matters are consistently shared with the person themselves and this is clearly recorded, even when the threshold for further safeguarding action has not been met.

#### **What needs to improve:**

- 4.4. Improvements are required to ensure the voice of people is heard during the safeguarding process. The person must remain central, and this should be reflected in all recording. At present we cannot be assured people are involved as fully as the Wales Safeguarding Procedures dictates. There was a lack of evidence in some instances of people being involved in assessments and/or decision-making. We saw many examples where further effort could have been made to practice in accordance with the principles of Mental Capacity Act (2005). This is particularly the case when people have dementia and are in care settings or leaving hospital. For example, a mental capacity assessment was not completed for one person, until after they had been discharged from hospital to a care home, rather than before. We noted other examples whereby people's assessments indicated they lacked mental capacity to make decisions about their care, without evidence of a formal mental capacity assessment to support this. We understand there will be further mental capacity training for practitioners as part of introducing Liberty Protection Safeguards (LPS) but this area of practice needs to be strengthened.

## **5. Prevention**

### **Strengths:**

- 5.1. Most partnerships are working well at an operational level. We observed strong collaborative working between health and social care services, for

example, within the authority's learning disability team, and a single point of access in the CRTs to ensure timely access to appropriate interventions. There are many individual examples of good practice and practitioners from different disciplines working together to identify solutions to enable people to continue with their daily routines and maintain a level of independence at home. We heard about a project where a pharmacy technician trained care workers to safely administer medicines to people, with the aim of assisting people to remain living at home safely. The social care records reviewed indicated how these partnerships enable close working for the benefit of the person receiving support. On a strategic level we saw wider opportunities for partnership working positively pursued. For example, there is joint work ongoing with housing on schemes to address the future needs of the population ranging from a 'care village' to additional extra care facilities as needed.

- 5.2. The local authority shows a commitment to engaging and consulting with people about matters affecting them. We noted, for instance, there is a citizen's panel to promote cross-sectional representation of Gwynedd residents to inform future service planning. There are many examples of working in partnership with people to design support for example carers designing leaflets to inform people about their rights, and older people recommending paper copies are made of questionnaires for distribution to enable engagement. The focus of the Gwynedd Oed Gyfeillgar work is very much convening future activities based on what is important to the older population. The local authority routinely gather feedback on people's experiences of receiving support. Recent feedback it gathered indicates 83% of people said what mattered had been fully addressed by their contact with adult services in 2022. People we spoke to told us their experience of care and support is positive.

#### **What needs to improve: -**

- 5.3. We were informed of challenges in partnership working on a strategic level with Betsi Cadwaladr University Health Board (BCUHB). Communication can be difficult, with inconsistency in the quality of arrangements for hospital discharge. Challenges include failures to communicate with families and carers, or the community teams who are awaiting people's move or discharge. Older people are delayed in hospital while they await domiciliary care provision, including reablement or availability of a suitable care home. These delays are impacting upon the well-being of older people, increasing stress for carers, and using acute hospital services that could be used for their intended purpose. We recognise the local authority are working hard to improve communication and information sharing between agencies. We also heard how a high turnover of staff and bureaucratic challenges within BCUHB prevent progress in relation to development of innovative services as well as more general issues such as contractual arrangements with nursing care providers for example. Partners must work better together to deliver a more integrated and sustainable approach to promoting people's independence and well-being.

5.4. In relation to the transformation of domiciliary care services, we heard there has been active consultation with people including workshops, direct meetings, letters, and the implementation of a helpline. Despite this, some people and carers expressed the view they or their relatives have not been consulted enough and more could have been done by CG to prepare people for the changes. Some staff also expressed the view people they work with have not been sufficiently prepared while providers described giving reassurance to people. Clearly, there remains a large risk in terms of fully implementing the new model, with one provider quoting '*it all has to go right for it to go right*'. The local authority must continue to review their communication strategy, as people may benefit from further reassurances regarding the significant work that continues.

## **Next Steps**

CIW expect CG 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 39 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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