

Ms. Jane Rodgers  
Statutory Director of Social Services  
Monmouthshire County Council  
County Hall  
The Rhadyr  
Usk  
NP15 1GA

Dyddiad / Date: 04 June 2025

Dear Director,

## **Improvement Check visit to Monmouthshire County Council adult services**

### **1. Introduction**

This letter describes the findings of the Improvement Check visit to Monmouthshire County Council (MCC) between 31 March 2025 – 2 April 2025. This was an Improvement Check following the Performance Evaluation Inspection (PEI) in July 2022.

We carry out inspection activity in accordance with the Social Services and Well-being (Wales) Act 2014, key lines of enquiry, and the quality standards in the *Code of Practice in relation to the performance and improvement of social services in Wales*. This helps us determine the effectiveness of local authorities in supporting, measuring and sustaining improvements for people and in services.

The Improvement Check focused on the progress made in the following areas identified for improvements during our PEI in July 2022.

<b>Principle</b>	<b>Areas of improvement identified from PEI in July 2022</b>	<b>Progress identified at improvement check</b>
People	The quality of assessments and care and support plans seen was varied. People's strengths were not well considered. Professional judgment and analysis of risks can be poor with very few records	Some improvements made – further action is required

	<p>documenting risks have been considered.</p> <p>The local authority's performance data indicated improvement was needed in consistently offering and recording the Welsh active offer, to ensure people can effectively communicate the outcomes they want to achieve.</p> <p>We were not assured the need for advocacy is considered consistently by all practitioners</p> <p>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.</p> <p>Consistency in recording people's eligibility for support services needs to improve</p> <p>There was inconsistency in practitioners offering carers assessments.</p> <p>Supervision files viewed varied in content and quality. Supervision discussions were not recorded on social care records, which makes it difficult to understand the level of managerial oversight when reading the record</p> <p>Senior managers needed to further develop quality assurance</p>	<p>Some improvements made – further action is required</p> <p>Some improvements made – further action is required</p> <p>Some improvements made – further action is required</p> <p>Some improvements made – further action is required</p> <p>Some improvements made – further action is required</p> <p>Some improvements made – further action is required</p> <p>Some improvements made – further action is required</p> <p>Some improvements made –</p>
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	systems and performance information	further action is required
Prevention	<p>Senior managers must ensure equal time and energy is directed into statutory care and support services as well as preventative support to ensure these are also able to deliver a range of preventative options to meet people's outcomes</p> <p>We saw examples of people requiring care in their own homes to remain independent, but this not being available.</p> <p>Providing domiciliary care to facilitate people's safe discharge was a challenge for the local authority which could result in people having to go into a care home whilst awaiting a package of care</p> <p>Assessments and reviews were delayed due to waiting lists evident across teams and professions. Not all relevant professionals were invited to participate in the reviews.</p>	<p>Some improvements made – further action is required</p> <p>Some improvements made – further action is required</p> <p>Improvements made and must be sustained.</p> <p>Some improvements made – further action required</p>
Well-being	<p>Further improvements were required in meeting section 126 enquiry timescales.</p> <p>Improvements were required in ensuring the voice of people is heard during the safeguarding process as the outcomes people want are not always clearly recorded.</p>	<p>Some improvements made – further action is required</p> <p>Some improvements made – further action is required</p>

	<p>The local authority must ensure an appointed manager can focus on delivering improvements detailed in the safeguarding team development plan.</p> <p>The local authority's recording system required improvements to fully reflect the requirements of the Wales Safeguarding Procedures.</p> <p>The recording of risk and risk management was an area for improvement.</p> <p>Contingency planning was largely absent from people's social care records.</p> <p>The local authority needed to consider their internal communication strategy to provide reassurances to staff about their concerns.</p>	<p>Some improvements made – further action is required</p> <p>Some improvements made – further action is required</p> <p>No improvement made – action required</p> <p>No improvement made – action required</p> <p>Some improvements made – further action is required</p>
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Partnership	Relationships with secondary health colleagues were noted to be challenging particularly regarding hospital discharge.	Some improvements made – further action is required
	Working in partnership with people and carers on co-produced outcomes needed to improve to reflect the domains of assessment and principles of the 2014 Act.	No improvement made – action required.
	Commissioning roles and responsibilities were unclear.	Some improvements made – further action is required
	Further assurances were required regarding the local authority's commissioning strategy regarding domiciliary care.	Improvements made and must be sustained.

## 2. Glossary of Terminology and Quantity Definitions

A glossary of terminology is contained in Appendix one and a table of quantity definitions in Appendix 1.

## 3. Summary

- 3.1 The local authority has a dedicated workforce within adult services who are passionate about supporting people. Peer support is promoted, and staff receive good quality support from their managers, including formal and informal supervision opportunities.
- 3.2 The local authority is implementing a reablement pathway within the service that includes a re-design of the IAA service, reablement workforce planning and domiciliary care procurement. There is indication the reablement model of practice has mitigated peoples' need for support and wait times for domiciliary care support have significantly reduced over time.

- 3.3 The safeguarding team work in partnership with colleagues and are responsive to queries. However, safeguarding enquiries are not always timely, and actions and outcomes are not consistently recorded in a clear way. Further improvements are required to meet statutory duties outlined in the Wales Safeguarding Procedures (WSP).
- 3.4 People continue to experience delays with assessments and reviews of their care and support plans. Whilst waiting lists are reviewed, approaches vary across teams and disciplines and people may receive an inconsistent service across the county.
- 3.5 Leaders have a comprehensive strategic plan that is already in motion to improve the delivery of services to meet the care and support needs of people. This includes a pilot commissioning strategy for domiciliary care services and new service models for reablement and Information, Advice and Assistance (IAA).
- 3.6 Adult Services across Wales are working within a challenging environment, with reports of increased demand and complexity and financial challenges. Some staff express concern about the need to deliver service efficiencies and of the impact it could have on achieving outcomes for people. Leaders have implemented Quality Assurance Learning Groups (QALG) to discuss cases as a way of ensuring agreed practice standards are communicated across the service.
- 3.7 Leaders are cited on the improvements needed and communicate with staff to provide updates on service developments and training regarding practice requirements. Leaders say addressing staff morale 'is a process of change that needs continuous attention'.

#### **4. Key findings and evidence**

Key findings and some examples of evidence are presented below in line with the four principles of the Social Services and Well-being (Wales) Act 2014.

##### **People – We asked:**

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?

##### **Strengths**

- 4.1 The use of biographies in assessments is person centred and promotes an understanding of the individual's background and context to evidence strengths. **This is positive practice.**
- 4.2 The views of family and friends are consistently referenced in assessments. This could be strengthened further with explicit reference to their role in care and support.
- 4.3 When people do not have capacity in relation to decisions, they are mostly supported to voice their opinions and have as much control as possible on their arrangements. Most respondents to the staff survey (77%) agree or strongly agree that people are equal partners with voice, choice and control. Practitioners identify and use a range of advocacy services to support people.
- 4.4 People were given opportunities to participate in the tendering process for domiciliary care providers as part of the domiciliary care commissioning strategy, providing reassurance that people are involved with the development and delivery of services.
- 4.5 Most staff members feel supported by their managers and peers, with opportunities for formal and informal support. 64% of staff surveyed would recommend working for Monmouthshire local authority.

### **Areas for Improvement**

- 4.6 Changes have been made to the recording system to prompt practitioners to make the active offer of advocacy and 75% of respondents to the staff survey agree or strongly agree that the offer is consistently made. However, there has been a reduction in the number of new assessments evidencing the active offer of advocacy. **The local authority should implement recording and reporting mechanisms for advocacy to measure success, identify gaps, and inform service development and training needs.**
- 4.7 The recording system has been updated to prompt practitioners to make the active offer of Welsh however, this is not consistently completed and the number of assessments evidencing the active offer of Welsh has reduced since 2021-2022. **The local authority must ensure compliance with the Welsh Government's 'More Than Words' strategy to enable people to effectively communicate the outcomes they want to achieve in their language of choice.**
- 4.8 The number of care and support plans using direct payments has slightly reduced since 2022. We heard variable views about the sufficiency of resources to support direct payments. Leaders anticipate that requests for

direct payments may increase as part of the domiciliary care commissioning strategy and are addressing this as part of the local authority contract implementation plan to ensure referrals are expedited to maintain continuity of existing care arrangements. **The local authority should ensure there is sufficient resource to meet anticipated demand and communicate the approach to staff.**

- 4.9 The local authority has implemented a Quality Assurance Learning Group (QALG) to increase management oversight of care and support plans. The aims are to improve accountability, provide opportunities for learning, and ensure consistent decision making. Leaders describe this forum as supporting equitable decision making for people in Monmouthshire. By contrast, most staff told us the QALG negatively impacts strengths-based practice and the voice and choice of people. It is important the purpose of QALG is understood by staff. A strong senior management drive, fully supported across tiers of management will play an important role in delivering improvement. The foundations to achieving this change are in place with staff describing managers as mostly available and approachable. Leaders have a strategic plan to transform culture and practice that is in motion. **Senior managers should reflect critically on the culture of the organisation to establish a clear strategic approach to quality assurance, ensuring efficiency and improvement whilst retaining focus on the wellbeing of people.**
- 4.10 The quality of assessments and care and support plans is varied. People's strengths and capabilities are not detailed and few records document risks and contingency plans. The recording system has been updated to prompt practitioners to record decisions regarding eligible care and support needs; however, this is not consistently completed. Care and Support Plans are limited in scope reflecting only eligible needs for which commissioned services are provided. **The local authority must use a strengths-based approach in What Matters conversations to identify what works well, evaluate risks, and determine personal outcomes, as required by Part 3 of the 2014 Act. Additionally, care and support plans must be developed collaboratively with individuals, identifying all needs, including those that would be eligible if not met by a carer, in accordance with Part 4 of the 2014 Act.**

#### **Prevention – We asked:**

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?

#### **Strengths**

- 4.11 The local authority has an established place-based approach and is implementing a commissioning strategy focusing on efficiency and expertise in



provider support. The availability of domiciliary support has significantly improved since 2022 demonstrating the **positive impact** of the commissioning strategy. Leaders should continue to retain focus on the timeliness of care and support being offered.

- 4.12 The local authority is developing a reablement pathway where reablement support is provided for all referrals to support people to maintain their independence at home and support timely hospital discharge. Evidence of this approach was observed across all activity and has reduced or mitigated the need for support for most people who have accessed the service.
- 4.13 Plans are underway to introduce a dedicated Information Advice and Assistance (IAA) role to each of the Integrated teams thereby enhancing workload management and ensuring consistent and stable IAA support for individuals. Staff have indicated they view this change positively, but the local authority should ensure there is a clear timeline for implementation.
- 4.14 The local authority continues to expand the availability of assistive technology, including the creation of Assistive Technology Hubs where people are able to experience the technology in a bedroom or living room set up prior to installation. This provides more opportunities for people to make informed decisions about assistive technology and experience and benefit from improved outcomes.
- 4.15 The local authority implemented micro carers in 2022 as an innovative solution to recruitment of care workers in rural areas. Micro carers are self-employed individuals who can provide a tailored care and support to people and enables people to make choices about how their care and support is delivered.
- 4.16 The Carers team demonstrates a model of community engagement through information and advice provision.

### **Areas for Improvement**

- 4.17 Monmouthshire consistently has a high number of people waiting for assessment. The number of people waiting has reduced and waiting times have improved with the number of people waiting over 91 days also reduced. The local authority is working to redesign its service in line with its vision of people receiving prompt reablement and community-based rehabilitation, however current waiting times mean people may not be supported, and their needs escalate, with risk of additional burden on unpaid carers and breakdown of independence. **The local authority must ensure assessments**

**are completed in a timely manner and respond to the urgency of the individual's needs in accordance with Part 3 of the 2014 Act.**

- 4.18 The number of care and support plan reviews completed within a year has increased since 2022, however the recording of care and support plan reviews is inconsistent and insufficiently detailed. Part 4 of the 2014 Act stipulates that review records must *monitor progress and changes, consider the extent to which the delivery of the plan is meeting assessed needs and how it has helped the individual or family to achieve their outcomes, and determine what support is needed in the future, confirming, amending, or ending the services in accordance with the requirements*. **The local authority must keep under review the plans that it maintains, ensure reviews are completed at least annually and conducted and recorded in accordance with the 2014 Act.**
- 4.19 The local authority does not record any actions or outcomes on contacts which lead to information and advice only. This means practitioners cannot make informed decisions on the basis of the case history. There is also a gap in data collection and analysis to inform service development and understand the experience of people and staff. A new system is due to be introduced that may provide an opportunity to address this matter. The Code of Practice for Part 3 of the 2014 Act states *recording of information about the initial contact or referral contributes to the later stages of assessment* and it is essential practitioners are aware of the importance of the information collected and recorded at this stage. **The local authority should implement mechanisms for recording and reporting outcomes and data to support the assessment of people's needs and inform service development outlined in strategic plans.**

#### **Well-being – We asked:**

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

#### **Strengths**

- 4.20 The local authority has taken action to address areas of improvement identified in the PEI of 2022, including improvements to case recording systems, processes, and the implementation of a new supervision policy.
- 4.21 Most people in Monmouthshire feel safe. Nearly all staff told us safeguarding practice is effective and many stakeholders report safeguarding concerns are reviewed and addressed in a timely way.
- 4.22 The number of safeguarding enquiries completed within 7 days has improved over time, from 65.5% in 2021-2022 to 84.3% 2023-2024. this progress made

is positive, however further and sustained improvement is required to consistently meet the requirements of Wales Safeguarding Procedures.

- 4.23 There are examples of Duty to Reports being appropriately submitted by partner agencies. This is important as it means partners are taking appropriate action, providing relevant information to ensure people's safety and well-being can be addressed.
- 4.24 Partners state there is good communication between health and social care and highlighted no concerns regarding safeguarding partnerships. Many respondents to the stakeholder survey indicated safeguarding concerns are reviewed and addressed in a timely way.
- 4.25 Practitioners can access shared learning opportunities to enhance their skills, and safeguarding training has recently been delivered to providers at their request. Mandatory Safeguarding training is also taking place which provides assurance safeguarding staff training and development is in line with the national safeguarding training, learning and development standards.
- 4.26 The Safeguarding Team is a small, but responsive and effective resource. Where issues have arisen with consistency across teams these have been discussed and arrangements made to visit respective team meetings.
- 4.27 Staff briefings have taken place, arrangements for regular team management meetings established, and regular bulletins put in place to provide updates to staff members. This is significant in terms of communication and establishing a shared understanding across different disciplines and posts.

#### **Areas for Improvement**

- 4.28 The PEI of 2022 identified that senior managers need to further develop quality assurance systems and performance information. The QALG was developed by leaders to promote improvements, and the impact of this process is variable. There has not been recent audit activity to provide assurance about practice and there are limited plans for future audits. **There is an ongoing need to develop systems and performance information, and leaders should strengthen focus on quality assurance and practice improvements.**
- 4.29 Sharing personal information across social care and health IT systems presents challenges and potential delay when relevant and important information connected to well-being and safety is not readily available. Part of the challenge relates to data privacy, consent and compliance with regulations like GDPR. This means it can be difficult for practitioners to compile a timely holistic understanding of an individual's needs. A new social care system will be introduced. **The local authority should consider information sharing protocols, particularly in relation to safeguarding.**

- 4.30 The current case recording system is fragmented, it is not possible to view all records relating to Safeguarding enquiries in one place and difficult to track an enquiry chronologically through the process. In some cases, there was a lack of clarity as to the conclusion of investigations and follow-up requirements. **The local authority must ensure that investigations and outcomes of safeguarding enquiries, including responsibilities for follow-up or review are clearly recorded. The local authority should ensure that the new case management system is compliant with all aspects of Wales Safeguarding Procedures.**
- 4.31 There is a lack of professional curiosity regarding the identification and exploration of risks. Few records document risks and contingency plans. Where risks are recorded, they tend to relate to functional aspects of daily living such as risk of falls. **The local authority must ensure the provision of supplementary training and support to encourage professional curiosity, enabling practitioners to refine their approaches to risk analysis.**
- 4.32 Practitioners shared mixed views about service developments, including the approach of QALG and the changes to IAA. Team Managers and Senior Practitioners value the practice forums and would welcome more frequent sessions as a mechanism for development. Leaders demonstrate an awareness of staff concerns and have implemented a communication strategy and improved training opportunities. **Leaders should continue to focus on engagement with staff, strengthen training offers and coproduce service development plans to ensure there is a shared vision.**

#### **Partnership – We asked:**

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

#### **Strengths**

- 4.33 87% of staff surveyed agree or strongly agree that partnership agencies work well together and relationships at strategic levels have improved, with senior staff across the authority and health board advising of increased communication and trusting relationships. The Integrated Services Partnership Board is well established.
- 4.34 Integrated Teams (including CMHT and CLDT) within Monmouthshire are a strength for the local authority providing opportunities for seamless partnership working supported by regular Multi-disciplinary Team (MDT) discussions.

- 4.35 Relationships with primary health colleagues are generally positive and hospital teams work well together. When health and social care staff work together collaboratively, it leads to more holistic, coordinated, and effective support for individuals. By sharing information, expertise, and resources, professionals can reduce duplication of efforts, and this is evident in Monmouthshire. **This is positive practice.**
- 4.36 Commissioning arrangements are tested, piloted and evaluated with positive learning shared and new ideas encouraged. Leaders have action plans detailing timescales to achieve a consistent approach to commissioning across the local authority. This is a **positive improvement** since the PEI and leaders should continue to drive implementation based on these plans.
- 4.37 There are examples of a flexible, inter-disciplinary person-centred approach to joint working. For example, occupational therapist practitioners often provide an appropriate first point of contact with people who have acute presenting needs, providing a valuable service when people require prompt support.

#### **Areas for Improvement**

- 4.38 Staff note continued challenges with hospital discharges due to increased demand and complexity. Whilst there are many examples of positive communications, there are challenges addressing issues with health colleagues in some practice areas, with matters escalating to Senior Leaders unnecessarily. **The local authority should consider proportionate escalation processes for addressing issues between partners in a timely way.**
- 4.39 The Carers Team provides a useful IAA function for carers. However, there is variable practice in acknowledging the carers right to a formal carers assessment and few assessments have coproduced outcomes. The local authority refers to Bridge the Gap for some carers. However, practitioner understanding of services available is variable. The effectiveness of support for carers is complicated further when the carer has care and support needs in their own right. **The local authority should develop a clear model of working which resonates with staff to help the drive for practice to become more strengths based with co-production featuring prominently. The local authority should provide clarity of the offer for carers and consider mechanisms to ensure carers assessments are offered and completed in a timely way.**

#### **5. Next steps**

CIW expects the local authority 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.

Where relevant, we expect the local authority to share the positive practice identified with other local authorities, to disseminate learning and help drive continuous improvement in statutory services throughout Wales.

## **6. Methodology**

### **Fieldwork**

- Most inspection evidence was gathered by reviewing the experiences of 30 people through review and tracking of their social care records. We reviewed 24 social care records and tracked 6.
- 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 where appropriate, other professionals involved.
- We engaged, through interviews, with 5 people receiving services and/or their unpaid carer and 58 people responded to our survey.
- We engaged, through interviews and focus groups, with 36 local authority employees, this included social workers and team managers.
- We reviewed supporting documentation sent to CIW for the purpose of the inspection.
- We administered surveys to local authority social services staff, stakeholders and people.

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

## **7. Welsh Language**

The inspection team included a Welsh speaking inspector, enabling CIW to make the active offer of conducting part of the inspection process in Welsh.

The active offer was not required on this occasion. This is because the local authority informed us that people taking part did not wish to contribute to this improvement check in Welsh.

## **8. Acknowledgements**

CIW would like to thank staff, partners and people who gave their time and contributed to this inspection.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Lou Bushell-Bauers', with a stylized, cursive script.

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

## 9. Appendix 1: Glossary

Term	What we mean in our reports and letters
<b>Must</b>	Improvement is deemed necessary in order for the local authority to meet a duty outlined in legislation, regulation or code of practice. The local authority is not currently meeting its statutory duty/duties and must take action.
<b>Should</b>	Improvement will enhance service provision and/or outcomes for people and/or their carer. It does not constitute a failure to meet a legal duty at this time; but without suitable action, there is a risk the local authority may fail to meet its legal duty/duties in future.
<b>Positive practice</b>	Identified areas of strength within the local authority. This relates to practice considered innovative and/or which consistently results in positive outcomes for people receiving statutory services.
<b>Prevention and Early Intervention</b>	A principle of the 2014 Act which aims to ensure that there is access to support to prevent situations from getting worse, and to enhance the maintenance of individual and collective well-being. This principle centres on increasing preventative services within communities to minimise the escalation of critical need.
<b>Voice and Control</b>	A principle of the 2014 Act which aims to put the individual and their needs at the centre of their care and support, and giving them a voice in, and control over, the outcomes that can help them achieve well-being and the things that matter most to them.
<b>Well-being</b>	A principle of the 2014 Act which aims for people to have well-being in every part of their lives. Well-being is more than being healthy. It is about being safe and happy, having choice and getting the right support, being part of a strong community, having friends and relationships that are good for you, and having hobbies, work or learning. It is about supporting people to achieve their own well-being and measuring the success of care and support.
<b>Co-Production</b>	A principle of the 2014 Act which aims for people to be more involved in the design and provision of their care and support. It means organisations and professionals working with them and their family, friends and carers so their care and support is the best it can be.



<b>Multi-Agency working</b>	A principle of the 2014 Act which aims to strengthen joint working between care and support organisations to make sure the right types of support and services are available in local communities to meet people's needs. The summation of the Act states that there is a requirement for co-operation and partnership by public authorities.
<b>What matters</b>	'What Matters' conversations are a way for professionals to understand people's situation, their current well-being, and what can be done to support them. It is an equal conversation and is important to help ensure the voice of the individual or carer is heard and 'what matters' to them

## Appendix 2

### Quantity Definitions Table

Terminology	Definition
Nearly all	With very few exceptions
Most	90% or more
Many	70% or more
A majority	Over 60%
Half	50%
Around half	Close to 50%
A minority	Below 40%
Few	Below 20%
Very few	Less than 10%