

Mr Michael Gray  
Statutory Director of Social Services  
Pembrokeshire County Council

Date: 09 September 2025

Dear Director,

## **Improvement Check visit to Pembrokeshire County Council's Adult Services**

### **1. Introduction**

This letter sets out the findings from Care Inspectorate Wales' Improvement Check of Pembrokeshire County Council (PCC) adult services, carried out between 8 and 9 July 2025. This visit followed an earlier Improvement Check in April 2024.

We carry out inspection activity in accordance with the Social Services and Well-being (Wales) Act 2014 (the 2014 Act); 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 Improvement Check in April 2024:

<b>Principle</b>	<b>Areas of improvement identified from PEI in April 2024</b>	<b>Progress identified at improvement check</b>
People	As part of their restructure work the local authority must ensure there are explicit measures in place to address the delay in undertaking assessments and reviews of care and support plans.	Improvements made and must be sustained
	The local authority should ensure reliable performance information is available.	Improvements made and must be sustained

	<p>The local authority must ensure assessments consistently address the needs of carers.</p> <p>The local authority must ensure they continue to improve how it commissions and provides support to both the cared for person and informal carers.</p> <p>The local authority must continue to improve commissioning of services to ensure its ability to support people living in rural communities in the county.</p> <p>The local authority must ensure the plans related to the first contact team are implemented and monitored in a timely manner.</p> <p>The local authority should ensure it promotes a culture of regular engagement with staff, providing opportunities for people's voices to be heard.</p> <p>The local authority must continue to monitor and make improvement in relation to promoting the Welsh language active offer and working alongside commissioned services to ensure that these services are in turn promoting the Welsh Language Active Offer.</p>	<p>Some improvements made – further action is required</p> <p>Improvements made and must be sustained</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>
Prevention	Plans to address timeliness of statutory responses are developing, but the local authority must ensure the plans explicitly address how delay will be addressed.	Improvements made and must be sustained

	<p>The local authority should consider the benefits of refreshing the delivery of the quality assurance strategy so that it is inclusive, ensuring all staff have a role in quality assurance. The delivery of the strategy should focus on how wider learning across the directorate is cascaded.</p> <p>The local authority must reassure itself assessments are being undertaken appropriately, and people receive a timely service.</p>	<p>Some improvements made – further action is required</p> <p>Improvements made and must be sustained</p>
Well-being	<p>The local authority must ensure adequate resources are available to respond and manage adult safeguarding enquires.</p>	<p>Some improvements made – further action is required</p>
Partnership	<p>Social care and health board managers should continue to work collaboratively with a focus on the person's health and well-being by delivering services together.</p> <p>Social care practitioners do not receive regular feedback in relation to unsafe hospital discharge notifications submitted to hospitals. This is a missed opportunity to improve communication and working partnerships and should be addressed by social care and health board managers.</p>	<p>Improvements made and must be sustained</p> <p>Some improvements made – further action is required</p>

## **2. Glossary of Terminology and Quantity Definitions**

A glossary of terminology is contained in Appendix 1 and a table of quantity definitions in Appendix 2.

## **3. Summary**

- 3.1 There has been progress made across all the areas of improvement identified in April 2024. Staff have a clearer understanding of the strategic direction led by the Director of Social Services and are more positive about the direction of travel for the local authority. Whilst structural changes across the service appear to be positive there remain some areas of fragility and more work is required to ensure staff are communicated with and engaged in service changes. Manageable workload and well-being of staff are ongoing challenges.
- 3.2 Whilst staff sufficiency is improved and there are less vacancies, recruitment continues to be a challenge in Pembrokeshire due to several factors, including affordable local accommodation and a competitive salary market.
- 3.3 Safeguarding practice in the local authority has improved. Positive leadership is ensuring the staff in the adult safeguarding team are equipped to undertake the duties that are prescribed by legislation. Records of outcomes for people who are subject to adult safeguarding activity are mostly clear.
- 3.4 The local authority responds to immediate safeguarding concerns. Partners understand their duty to report, and there are timely and appropriate adult at risk reports being made to the safeguarding team.
- 3.5 Partnership with the third sector is an asset in Pembrokeshire, with the unique strengths of different services helping to improve outcomes for people. Third sector organisations have strong connections with local communities and play a vital role in helping people access community-based support and identifying individuals who might benefit from social care statutory services.
- 3.6 Good multi-agency practice is evident operationally, with examples of positive collaboration between key agencies such as healthcare colleagues and the police.
- 3.7 Significant progress has been made to reduce delays undertaking assessments and reviews of peoples' care and support. Re-alignment of staff time to focus on this practice area has been the main factor in this improvement. Managers

are confident improvements can be maintained.

#### 4. Key findings and evidence

Key findings and some examples of evidence are presented below in line with the four principles of the 2014 Act.

##### **People**

##### **Strengths**

- 4.1 There is improved collaboration between practitioners and management. Re-established practitioner and manager forums have contributed to this improvement. The Chief Executive and Director of Social Services have shadowed teams. Collaborative communication training has been delivered across staff and partner groups, and this is contributing to a shared understanding and model of working with people.
- 4.2 The local authority has a resilient workforce operating to consistently high workload demands. They are dedicated to supporting people, with many going over and above normal work expectations to improve outcomes. Staff receive good support from their managers, including formal and informal supervision opportunities.
- 4.3 Most social care records demonstrate a focus on the strengths and capabilities of the person and presenting need, with a clear link between information gathered and how care and support can be delivered to achieve personal outcomes.
- 4.4 The quality of assessments and care and support plans is good. Assessment and review processes routinely capture people's preferences in 'What Matters' conversations, with clarity evident in understanding context and life for that person. Many review records include a 'pen picture' of key elements of the person's life, including social and emotional aspects as well as challenges faced. This is an example of **positive practice** as understanding personal context in adult social care assessments is essential to ensure care and support is adapted to the unique needs, preferences, and life experiences of individuals.
- 4.5 Practitioners consider mental capacity and advocacy when supporting people. The local authority report progress in offering Welsh language induction and training opportunities across different proficiency levels and there has been successful appointments of Welsh speaking candidates in key posts. Most records record language preference and mental capacity.

- 4.6 The local authority demonstrates a strong commitment to promoting choice and control through an array of care and support options. This includes the effective use of traditional direct care services such as domiciliary support and the consistent promotion of alternative services such as personal assistants funded via direct payments, and micro enterprises. This provides a greater level of choice, control and flexibility in how peoples' care needs are met.
- 4.7 Most people can access direct payments and personal assistants. There are structures in place to support the direct payments service and personal assistants, supporting and enabling more autonomy and personalised care arrangements and to balance the demand on direct care provision.
- 4.8 Managers routinely sign off assessments, which is important for ensuring quality assurance in relation to people's well-being, safety, and professional development.

### **Areas for Improvement**

- 4.9 Morale is being impacted for a few staff as they strive to ensure capacity meets demand. A few staff also said they would like to see better dialogue between managers allocating work and practitioners to improve communication about individual circumstances and workload capacity.
- 4.10 Supporting the well-being of adult social care staff working under busy and often demanding conditions is essential to maintaining a compassionate, effective care system. **The local authority should focus on providing clear communication in workload allocation, and workloads being manageable to help reduce stress and prevent occupational burnout, ultimately ensuring the well-being of both staff and the people they support.**
- 4.11 Many assessments are undertaken as joint assessments, which focus on the cared for person and informal carer. In these records, consideration to informal support has some focus, but detail about the needs of carers and understanding their role, could be improved with a more in-depth consideration of the carer role.
- 4.12 It is essential for social care practitioners to understand the demands placed on informal carers, as they often provide extensive physical, emotional, and practical support. Best practice examples highlight how in addressing the well-being of carers themselves, more stable and consistent care can be available to those they support, helping to maintain independence and quality of life within the community. The local authority has some recognition of this and plans to introduce carers indices which can be used to inform assessments.

**The local authority must ensure assessments focus fully on ascertaining an understanding of the role of informal carers and how this links to care and support being provided.**

- 4.13 A few assessment and review records document contingency plans, but these are often limited in the information recorded and inconsistent in completion. This means potential changes to eligible needs are not well considered or anticipated. **Leaders and practitioners should focus on improving the quality of care and support contingency plans.**
- 4.14 There is continued commitment to offering people a choice of receiving services in Welsh, but we saw an example where a person's language preference was not met. Communicating with people in the language of their choice promotes inclusion and equity which are core principles in social care. **The local authority must continue to monitor and make improvement in relation to promoting the Welsh language active offer.**
- 4.15 Engaging staff in social care is crucial for effective leadership, as it fosters a supportive and collaborative environment that directly impacts the quality of care provided. Whilst many staff acknowledge an overall improvement in the engagement between senior managers and practitioners, a few staff said some managers do not fully understand or acknowledge the demand of their roles nor give time to hear staff views. **Leaders should further enhance the approach to communication and collaboration with staff.**

## **Prevention**

### **Strengths**

- 4.16 The local authority's commitment to prevention is supported by several third-sector organisations. The Pembrokeshire Association of Voluntary Services (PAVS) supports the third sector in Pembrokeshire. They play a pivotal role in supporting, developing, and representing voluntary organisations, volunteers, and communities. They contribute to **positive practice** in the provision of a broad suite of prevention services and enhance the local authority's preventative approach.
- 4.17 Timeliness of the review of people's care and support plans has been a longstanding challenge for the local authority, but significant progress has been made over the last year through data cleansing (ensuring people's information on the IT system is correct) and a proactive approach to addressing delays. Ultimately, timely and responsive reviews help ensure care remains responsive, safe, and aligned with a person's current goals and quality of life.

- 4.18 The local authority has introduced the trusted assessor role for reviews and is working with providers to develop a revised model of review. They are also in the process of developing link workers to care homes and care providers to ensure efficient and timely changes to care and support plans. Ahead, it is important that Part 4 of the 2014 Act continues to be adhered to, this requires the review of care and support records to monitor progress and changes and to 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.
- 4.19 Plans regarding the implementation of the new adult social care 'front door' service are progressing, with aspirations to deliver significant change in the way services will be delivered in the future. Trial days have been held with key partner agencies, including the PAVS hub, with the aim of developing a single point of access. Practitioner and partner feedback regarding the days has been positive.
- 4.20 Managers in the intake team (providing a first point of contact, offering information, advice, and assistance to help people access appropriate support and services) and the adult community team (primarily supporting the delivery of care and support plans) have oversight of referrals, waiting lists and allocations.
- 4.21 Good quality assurance of care and support records is evident via line managers, with consistent authorisation processes and opportunities for feedback at supervision. Staff forums have been reinstated across the service, providing opportunity for reflection and shared learning.

### **Areas for Improvement**

- 4.22 In 2024 CIW noted the local authority should consider the benefits of refreshing the delivery of their quality assurance strategy so that it is inclusive, ensuring all staff have a role in quality assurance. This has not progressed sufficiently, and protected time to undertake qualitative audits for example, has not been adequately prioritised. This means opportunity for reflection on practice themes and wider learning is not fully taken up. **The local authority should ensure both a clear programme of audits is agreed and implemented, and a process of disseminating learning established.**

### **Well-being**

### **Strengths**

- 4.23 There is a collaborative focus on supporting people in their own homes, with best practice examples of plans highlighting a range of care and support accessed via statutory and third sector services, underpinned by proportionate assessments.

- 4.24 An example of **positive practice** is the way records connect the important detail about personal outcomes to the practical support often provided by care workers. There is detail in care and support plans, including the breakdown of the personal care required to support and maintain people's independence.
- 4.25 There has been improvement in the equity of services available across the county, including within rural areas. Waiting lists for domiciliary support services are lower and consistent utilisation of personal assistants via direct payments and access to micro enterprises is supplementing the variety of support services available to people.
- 4.26 The local authority routinely responds to the reporter about the outcome of a duty to report submission and the conclusion of adult safeguarding enquiries. This is important in terms of partner organisations being aware of actions taken to safeguard people, but also because this provides opportunity to promote a shared understanding about decision making and rationale. This is an example of **positive practice**.
- 4.27 There has been significant progress in records related to adult safeguarding activity. Practitioners are evaluating information gathered in line with section 126 of the 2014 Act, which outlines the duty of local authorities to investigate situations where they suspect an adult is at risk of abuse or neglect. Many records demonstrate analytical insight, evaluation of safety and rationale to decision making is clear.
- 4.28 Best practice examples involve a person-centred, proportionate approach that puts the adult's wellbeing, views, and desired outcomes at the heart of the process. Practitioners balance risk with respect for autonomy and adopt an approach that is least restrictive while upholding the adult's rights and dignity.
- 4.29 Multi-agency collaboration is good, with clear communication, appropriate information sharing, and a focus and balance on prevention and protection. There is good multi-agency attendance and participation in strategy meetings arranged under the Wales Safeguarding Procedures.
- 4.30 There is acknowledgement by managers that the adult safeguarding team requires further development. Leaders are recruiting to boost team compliments, which will be important to achieve further improvements in the quality of practice.

### **Areas for Improvement**

- 4.31 A new formal process has been introduced to investigate and communicate the outcomes of unsafe hospital discharge notifications. This involves Datix forms

being submitted and formally responded to by healthcare staff. A Datix form refers to an online incident reporting system used by health boards to record and manage patient safety incidents, near misses, and risks. The system is used to facilitate learning from these events to improve patient care and minimise future occurrences. Some social care practitioners, however, report they are not consistently receiving regular feedback in relation to unsafe hospital discharge notifications. We were told all responses via Datix are now channelled through the safeguarding team and there is commitment to ensure that these are forwarded across adult services teams. **The local authority and health board should ensure social care staff who submit a notification are informed of the outcome and learning identified.**

## **Partnerships**

### **Strengths**

- 4.32 The local authority is committed to fostering collaborative partnerships with third-sector organisations. Considerable efforts have been made to utilise the services provided by the third sector to provide early help and preventative support with an understanding of local needs and providing flexible and innovative solutions. This is an example of **positive practice**.
- 4.33 Key statutory partners such as police and health colleagues report positive working relationships with adult social care counterparts at operational and strategic levels. It is reassuring communication across adult safeguarding activity is fluent, with prompt responses evident in inter-agency communication.
- 4.34 Strengths-based collaborative communication reflective sessions and 'fishbowl' forums include partner organisations. These systems provide opportunity for multi-disciplinary conversations to address a person's unique set of circumstances. Shared understanding and collaboration across agencies, including the third sector, to resolve challenges and dilemmas was evident in the forum we observed. This **positive practice** has a focus on maximising autonomy and independence for people as well as identifying and taking action to minimise risk. When professionals from different agencies such as healthcare and housing work closer together it reduces duplication and promotes timely interventions.

### **Areas for Improvement**

No areas for improvement under this principle.

## **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 34 people through review and tracking of their social care records. We reviewed 30 social care records and tracked 4.
- 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 4 people receiving services and/or their unpaid carer and 12 people responded to our survey.
- We engaged, through interviews and focus groups, with 34 local authority employees, this included social workers and team managers.
- We reviewed supporting documentation sent to CIW for the purpose of the improvement check.
- We observed a 'fishbowl' forum
- 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**

CIW is committed to providing an active offer of the Welsh language during its activity with local authorities. The active offer was not required on this occasion. This is because the local authority informed us 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. Glossary

### Appendix 1

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**

<b>Terminology</b>	<b>Definition</b>
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%