Dear Colleagues,

This letter describes the findings of an assurance check inspection completed by Care Inspectorate Wales (CIW) and Healthcare Inspectorate Wales (HIW) from 10 to 12 November 2025 of Carmarthenshire County Council's (CCC) Community Learning Disability Team (CLDT) and the Learning Disabilities Directorate within Hywel Dda University Health Board (HDUHB).

The purpose of the inspection was to review the local authority's social services and health board's performance in exercising their respective functions in line with legislation and standards.

1. Introduction

We carry out inspection activity in accordance with the Social Services and Well-being (Wales) Act 2014, the Health and Social Care (Quality and Engagement) (Wales) Act 2020, and the Health and Care Quality Standards 2023. This helps us determine the effectiveness of local authorities' and health boards' in supporting, measuring, and sustaining improvements for people. Our focus was on:

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

- **Prevention** - To what extent is the local authority and local health board ensuing the need for care and support in minimised and the escalation of need is prevented whilst ensuring that the best possible outcomes for people are achieved?

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

- **Wellbeing -** To what extent is the local authority and local health board ensuring that people are protected and safeguarded from abuse and neglect and any other types of harm? To what extent is the local authority and local health board ensuring that robust arrangements are in place to ensure people receive a high-quality service?

2. Summary

2.1 CCC and HDUHB provide a supportive working environment with good access to training and personal development opportunities, building staff competence and helping deliver person-centred care. Staff describe a positive culture in Carmarthenshire with improvements in workforce stability, but increasingly complex and high caseloads for some.

2.2 Preventative approaches are embedded through person-centred, flexible support that promotes independence and well-being. Innovative use of direct payments, community-based solutions, and Shared Lives arrangements demonstrate creativity in maintaining choice and continuity of care. Service capacity, recruitment challenges for personal assistants (PAs), and access to services in rural areas requires sustained focus for people to consistently receive timely services.

2.3 People are supported to have a voice and take part in decisions about their lives. Advocacy and co-production are areas of strength, and many people have positive relationships with health and social care staff. Some people face barriers such as transport problems, unclear information about services, and delays in health assessments.

2.4 Partnership working is a clear feature of practice, with positive collaboration across healthcare, social care, and third-sector organisations such as People First, Mencap, and commissioned services. Multidisciplinary forums and joint planning processes help ensure decisions are informed and coordinated.

3. Key findings and evidence

People

Strengths

3.1 There is strategic alignment between health and social care, this is essential for delivering seamless, person-centred support that meets people's complex and often interrelated needs. Both sectors align their goals, policies, and resources. Services are therefore coordinated and largely responsive to need. Some staff, however, are unaware of a clear vision or strategy for people living with learning disabilities (LD), which could impact planning and the direction of service delivery.

3.2 CCC is in a strong position with regards recruitment and retention of staff, testimony to incentives such as the grow your own approach and care academy which have been significant contributing factors. There is a full

Approved Mental Health Practitioner (AMHP) resource which supports day time and out of office hours work. HDUHB have implemented innovative initiatives around new and bespoke roles that aim to meet the physical health needs of the people it supports.

3.3 CCC and HDUHB staff say Carmarthenshire is a good place to work. There is a positive culture of formal and informal support, learning and development. Staff perceptions of leadership and management are positive. This is particularly encouraging with a high proportion of newly qualified staff. In CCC, the workload for some practitioners is high and increasingly complex. HDUHB and CCC staff use innovative approaches and solutions, leaders encourage suggestions from staff in meeting the care and support needs of people.

3.4 Practitioners across health and social care are confident they have access to appropriate training which meets their learning and development needs, including for more specialist practice areas. There is mutual support across sectors in this respect, for example Speech and Language Therapists (SALT) deliver training promoting total communication approaches across services. This equips staff with the skills to engage meaningfully with people who have varying levels of communication ability. This collaborative approach brings social workers and health colleagues together, strengthening multidisciplinary working and supporting opportunity to promote positive outcomes for people.

3.5 Many people say practitioners are helpful, friendly, supportive and provide personalised support. They have positive regard for those practitioners who have good qualities in communication skills and are reliable. A few people feel unsupported, and this is often related to faltering communication and poor responsiveness.

3.6 Staff consider people's communication needs and promote the active offer of the Welsh language. Bilingual staff and written information are available. All practitioners in the CCC Deprivation of Liberty Safeguards (Dols) team are Welsh speakers. Identification of Welsh-speaking HDUHB staff could be improved using the Iaith Gwaith logo.

3.7 There are examples of people's language needs being accommodated with interpretation being used. Healthcare practitioners utilise accessible communication methods, such as easy read materials, talking mats, and symbol calendars. Makaton training is available, and as noted above, SALT training is delivered across professional groups.

3.8 The views of people about services for people living with LD are represented by various groups. People First and the Working Together groups for

example, are actively involved in working with the local authority in shaping services and supporting people to ensure their views are represented.

3.9 HDUHB and CCC actively engage people in strategy development and in some budgetary decisions relating to Regional Partnership Board (RPB) and Regional Integration Fund (RIF) allocations - for example, including the Dream Team (PWLD) in funding discussions.

3.10 At an operational level, people are included in decision-making, and their preferences are respected. Time is given to people, and their views and personal contexts are included in social and healthcare records, such as pen pictures and life stories. Positive Behaviour Support (PBS) (a person-centred framework for supporting people with LD, autism, or mental health conditions), and health care plans are comprehensive, and highly personalised. Relapse indicators are thoroughly considered, and PBS strategies are effectively embedded into plans that support people's daily routines.

3.11 A key objective in CCC has been to develop a range of supported accommodation to reduce the reliance on residential care. There has been significant expansion in recent years in the Shared Lives service. CCC report in the last two years, 45 people have moved into supported living. This is important in improving outcomes and promoting independence and choice for people. This approach to supporting people's independence is an example of **positive practice**.

3.12 There is positive use of direct payments, most people are either aware of or using direct payments. This offer is consistent, and people are well supported by the local authority.

3.13 CCC aims to offer work experience and maximise individual potential for supported and paid employment and collaborates with stakeholders to increase opportunities. For example, some people are volunteering at Llyn Lech Owain café, where they gain experience in food hygiene and customer care.

3.14 Advocacy provision is available, with a single point of access for advocacy (3 CIPA, which helps match people to the right advocacy service) functioning effectively. People utilise both formal and informal advocacy and are supported to understand and exercise their rights. Practitioners are consistently aware of and access advocacy services for people and families.

3.15 HDUHB mandatory training compliance is good, except for basic life support (BLS) training. This promotes a skilled and well-trained workforce. CCC and HDUHB provide mandatory Mental Capacity Act 2005 DoIs and the Mental Health Act 1983 (MHA) training across the workforce as well as within the

wider community, supporting compliance and awareness. The training is adapted to different grades and roles.

Areas for Improvement

3.16 Making plans easier to understand and improving communication with care co-ordinators will help people stay informed and involved in their care and support. **The availability of easy read and accessible documentation should be improved**.

3.17 A few people said there could be poor communication between themselves and health and social care staff, citing examples of telephone calls or emails not being replied to, and difficulty reaching the right person. Our people survey also found a minority of people feel they are not listened to, and carers report insufficient notice of HDUHB appointments. People can feel frustrated and overlooked when staff do not respond promptly. **Leaders must work with practitioners to improve communication standards.**

3.18 HDUHB care plans and risk assessments are not consistently accessible on the patient record system with staff confirming these are, on occasion, inconsistently saved across different systems. HDUHB record keeping is inconsistent, overly detailed, and lacks standardisation, making audits difficult. There is a risk essential patient information could be missed. **HDUHB leaders should quality assure care plans and risk assessments to ensure these important documents are accessible and recorded in a consistent and proportionate manner.**

3.19 Like many other local authorities, there remain challenges in recruiting personal assistants, which limits the effectiveness of these arrangements and can lead to delays in implementing care and support plans. **Leaders should address these recruitment challenges to maximise the benefits of direct payments and ensure timely, reliable support for individuals.**

3.20 HDUHB is currently reliant on locum psychiatrists to deliver essential mental health services. This reliance can lead to inconsistency in care, disrupt continuity for people, and hinder the development of stable, long-term therapeutic relationships. It also poses challenges for service planning, team cohesion, and the implementation of improvement initiatives. **HDUHB should develop and implement a robust workforce strategy to reduce reliance on locum psychiatrists, prioritising recruitment and retention of permanent staff to ensure consistent, high-quality care for people.**

3.21 BLS training compliance among healthcare staff remains below the health board's minimum standard of 85%. This shortfall increases risks to people's

safety and may compromise the quality of emergency response within services. Regular monitoring and targeted support for teams with lower compliance rates will help achieve and sustain the required standard. **HDUHB must ensure all relevant staff complete BLS training or refresher training in a timely manner, to maintain up-to-date certification.**

Prevention

Strengths

3.22 CCC demonstrates a commitment to prevention and early intervention through the development of a county-wide Prevention Strategy. The introduction of Well-being workers in the CLTDs and Community Connectors linked to the Information, Advice and Assistance (IAA) service provide effective links to third-sector organisations such as the Carers Trust and Mencap Compass. HDUHB drop-in workshops and community engagement initiatives, often arranged in partnership with the third sector, promote awareness of physical health checks and screening.

3.23 Despite waiting lists for some services, CCC is adopting creative solutions to support independence and social opportunities. Examples include using day centre support staff to bring groups together in community locations such as leisure centres and utilising commissioned services to facilitate group sessions. These approaches demonstrate flexibility and innovation in addressing capacity challenges.

3.24 CCC and HDUHB have a clear approach to quality assurance; this includes a regular auditing programme and a monthly forum led by senior managers. HDUHB staff are familiar with feedback and satisfaction processes, with mechanisms to log and monitor complaints and encourage informal resolution.

3.25 There are structured processes in place in CCC to enable timely reviews of care and support plans for most people. A dedicated reviewing officer is in post. Day services staff and social workers communicate proactively to ensure review meetings are fully informed.

Areas for Improvement

3.26 There are waiting lists for day provision and short breaks, and people want more opportunities and more time using these services. **CCC must continue their plans to enhance service provision in these essential areas.**

3.27 HDUHB waiting lists may impact the timeliness of support for people and the quality of their outcomes. The HDUHB Occupational Therapy (OT) waiting

lists are too lengthy, especially for those with sensory referrals. Waiting lists are managed according to risk and reviewed on a regular basis, however this often results in people with sensory impairments waiting longest for OT input. Some staff report workload pressures and delays in specialist health input, for example, nursing assessments and Continuing Health Care (CHC) funding decisions can affect timely intervention and increase risk of escalation. **HDUHB and CCC must continue to ensure delay and waiting lists are appropriately and consistently monitored and key information is recorded to evidence appropriate prioritisation.**

3.28 A few people told us the annual health assessment through primary care is not consistently available, and some clinicians conducting these checks have limited awareness of the impact of learning disabilities on people's health. Improving access to and the quality of annual health assessments is essential to reduce health inequalities and improve outcomes for this group. **HDUHB must ensure all eligible people are offered an annual health check in the GP practices it manages under the General Medical Services contract reform and that clinicians receive appropriate training to understand the specific health needs of people with LD. For independent GP practices, HDUHB must assure itself that these are taking place within the GP services it commissions.**

3.29 A few people living in rural or less populated areas say accessing services can be a challenge. They consider there is inequity of service. Public transport is challenging for rural areas and this compounds the difficulty in access to services for some people. There is reasonable broadband access across Carmarthenshire but with some pockets of minimal access. **CCC should ensure the benefits of representative groups such as the Working Together Group are supported to represent people across the local authority and health board areas, particularly to represent the broad demographic and geography of the mixed urban and rural areas. The local authority is aware of the potential for some people to be excluded from services because of rural and digital exclusion and must continue to focus on improvement in these areas.**

Partnership

Strengths

3.30 There is effective communication at senior management level across HDUHB and CCC, with positive strategic working arrangements evident. There are joint commissioning and shared funding arrangements in place for residential and supported living services. An example of **positive practice** is HDUHB funding of an MHA administrative team member to support compliance with Section 117 of the MHA, which relates to aftercare services for people who

have been discharged following detention under certain sections of the MHA. This post holder ensures continuity of care and support for individuals transitioning from hospital back into the community, reducing relapse and promoting recovery.

3.31 Positive inter-disciplinary working is evident across sectors, and where practitioners are not co-located, there is opportunity to use shared workspaces. Where staff are co-located, this works well, they say this provides better communication opportunities through multidisciplinary team meetings and other formal and informal practitioner interaction opportunities.

3.32 There are examples of care and support being co-ordinated across different services. This ensures care is continuous across different settings, including hospital, community, and home. It promotes efficiency and sustainability within the system. Increasing integration across teams and pathways helps to reduce duplication, closes gaps in provision, and ensures people experience smoother, more effective care. Ultimately, this collaborative approach leads to improved outcomes and a more consistent quality of support for individuals and communities.

Areas for Improvement

3.33 Some professional stakeholders provide mixed feedback on the effectiveness of partnership working and communication. **This is an area CCC and HDUHB should consider, with focus on ensuring all relevant stakeholders being included in discussion about how service delivery could improve.**

3.34 Separate IT systems in HDUHB and CCC remain a significant barrier to effective communication and coordination of care and support. While some staff have limited cross-access to records, this impedes timely information sharing. **Both organisations should review current arrangements and explore practical solutions, such as shared systems for recording.**

<u>Well-being</u>

Strengths

3.35 CCC has maintained distinct LD and mental health specialism service areas, with a dedicated senior manager post, enabling a consistent focus and alignment with health board colleagues.

3.36 CCC is working through a transformation plan in LD day opportunities. This is evident in work undertaken with local community projects, leisure services, and the third sector. A key objective is to develop and extend day opportunity hours. Many people and stakeholders expressed a need for additional resources and

the reinstatement of day services and social activities. Those who currently access short breaks and day opportunities spoke highly of their quality.

3.37 The CLDT teams are working with a high number of people subject to Care and Support Treatment Plan (CTPs). CTPs are a statutory requirement under the Mental Health (Wales) Measure 2010. The high numbers reflect compliance with legal duties but is also an indicator of positive working together arrangements identified across inspectorates' activity.

3.38 Care and support plans and reviews are completed in line with the principles of the Social Services and Well-being (Wales) Act 2014 and provide a clear narrative of people's lives and needs.

3.39 Medication management processes are robust, safe, and well-documented, with clear adherence to HDUHB policy.

3.40 CCC is improving planning for young people in transition and collaborating with children's services, housing, and commissioning to ensure this process is more efficient. There is indication, however, more work is required in some areas of transition, notably with colleges supporting transitions in education.

3.41 Practice under DoLS and the MHA has people as the focus and clarity in how to prevent people coming to harm. DoLS are managed effectively, and best interest's decisions are clearly recorded. Care plans and reviews show that people's rights are considered, with multidisciplinary input supporting person-centred approaches.

3.42 Best interest decision-making is understood across health and social care and integrated into everyday practice, ensuring consistency and compliance with legal requirements. There is a proportionate approach to assessments, enabling prioritisation and oversight. Quality assurance systems are in place for all assessments.

3.43 The review process for DoLS is robust, ensuring authorisations remain valid and renewals take place in line with statutory standards. There is a system in place for the management of MHA administration and legal documentation and processes, including dedicated staff, training, and monitoring.

3.44 Adequate adult at risk arrangements is mainly in place with clear escalation routes and appropriate professional involvement. Multi-agency referral forms (MARFs) are screened effectively by the safeguarding team. Staff demonstrate awareness of their safeguarding responsibilities.

3.45 Supporting carers to continue in their caring role is a priority for CCC. There are carers leads in social work teams, although the benefits of this

role varies across teams. All teams have completed or are completing the Investors in Carers Awards. CCC commissioned an internal audit this year on carers assessments and the findings were positive.

3.46 Carers assessments are offered, but not always reviewed despite changing circumstances. Many carers are listened to and receive good quality assessments, with individual needs often met through direct payments and creative solutions.

3.47 CCC aims to increase and develop additional in-house respite accommodation. There is currently one residential respite service, Tir Einon, which supports people with complex needs and has been able to respond to emergency placements. All the people we spoke with were highly complementary about the quality of this service.

Areas for Improvement

3.48 Our review of safeguarding records highlighted improvements being required with the timeliness of decision making, information sharing, and record keeping. **Leaders should focus safeguarding improvements on timely decision making and recording the rationale for decision making.**

3.49 Many people said the transition between children and adult healthcare services was poor and the lack of continuity for people was significant. Continuity for people living with a LD is essential to maintain a consistent focus on people's health needs. **HDUHB must improve access to services when people transition from child to adult services.**

4. Next Steps

4.1 CIW and HIW expects the local authority and health board to consider the areas identified for improvement and take appropriate action to address and improve these areas.

4.2 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.

4.3 HIW will oversee the implementation of healthcare recommendations through the health board's completion of an Improvement Plan. This plan will outline HIW's findings and the agreed actions for improvement, specifying the officer responsible and the anticipated timeline for completion.

5. Methodology

Fieldwork

5.1 Most inspection evidence was gathered by reviewing the experiences of 15 people through review and tracking of social care and healthcare records. We reviewed four healthcare led records, and nine social services led records. We tracked two records of people who had received healthcare and social services support. We also reviewed three assessments of people subject to a DoLS authorisation.

5.2 Tracking a person's social care record includes where possible, having conversations with the person in receipt of social and healthcare services, their family or carers, key worker, the key worker's manager, and where appropriate other professionals involved.

5.3 We engaged, through interviews and focus groups with people receiving services and/or their carer, resulting in CIW/ HIW engaging with 20 people.

5.4 We engaged, through interviews and focus groups with local authority and local health board employees, resulting in CIW/ HIW engaging with 47 employees.

5.5 We reviewed supporting documentation sent to CIW and HIW for the purpose of the inspection.

5.6 We administered surveys to local authority and healthcare practitioners working in the Community Learning Disability Services, partner organisations and people, including carers:

- 38 surveys were completed by people with a LD and carers
- 26 surveys completed by practitioners.
- 4 surveys were completed by partner organisations

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

6. Welsh Language

We were committed to providing an active offer of the Welsh language during this activity. The active offer was not required on this occasion. This is because the people taking part did not wish to contribute to this assurance check in Welsh.

7. Acknowledgements

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

Yours sincerely,

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Mae’r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

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Appendix 1

Glossary of Terminology

Term	What we mean in our reports and letters
must	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.
should	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.
Positive practice	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.
Prevention and Early Intervention	A principle of the 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 wellbeing. This principle centres on increasing preventative services within communities to minimise the escalation of critical need.
Voice and Control	A principle of the 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 wellbeing and the things that matter most to them.
Wellbeing	A principle of the Act which aims for people to have wellbeing in every part of their lives. Wellbeing 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 wellbeing and measuring the success of care and support.
Co-Production	A principle of the 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.
Multi-Agency working	A principle of the 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.
What matters	'What Matters' conversations are a way for professionals to understand people's situation, their current wellbeing, 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%