

Nina Davies  
Director of Social Services  
Powys County Council

Date: 24/06/2026

Dear Nina Davies,

## **Care Inspectorate Wales (CIW) - Assurance Check of Powys County Council Adult Services**

### **1. Introduction**

1.1 This letter describes the findings of our assurance check between 27 and 29 April 2026. We carry out inspection activity in accordance with the Social Services and Well-being (Wales) Act 2014 ('the 2014 Act') 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.

We focused our key lines of enquiry on the four principles of the 2014 Act and sought to answer the following questions:

#### **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?
- To what extent does the local authority ensure carers' voices are heard and responded to?

## **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?
- To what extent are people provided with care and/or support in a timely manner?
- How effectively are waiting lists managed, to minimise adverse impact on people and their carers?
- How effectively are care and support plans reviewed to ensure they remain appropriate and reflect any changes in people's circumstances?

## **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?

## **Partnership**

- 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?

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

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

## **3. Summary of Assurance Check**

- 3.1 Powys is a large, predominantly rural county with communities spread over a wide area. Long travel distances, limited transport links and the availability of local services vary across the county, which can present challenges for the consistent delivery of adult social care. Some areas have access to a broader range of provision while others rely on more limited local support. This variation contributes to ongoing challenges in aligning services to the needs of people, placing pressure on both the workforce and the local care market. As a result, people's access to timely support and meaningful choice can differ depending on where they live.
- 3.2 This assurance check took place at a point of significant organisational change for Powys adult services. Our findings show leadership and systems are

developing well; however, frontline practice is not yet consistently delivering this in direct work with people and remains an area for improvement.

- 3.3 Senior leaders promote voice, choice and control and have established well-used arrangements to engage with carers and people with lived experience, which informs service development. However, this is not consistently reflected in frontline practice. While some assessments and care plans reflect people's views and preferences, this is not consistent, and in some cases, records provide limited evidence that people are meaningfully involved in decisions about their care and support.
- 3.4 The local authority has developed a diverse range of preventative services, including enablement, community-based provision and effective third-sector partnerships. Where these are well understood and available, they support people's independence and help reduce longer-term care needs. Variation in local provision, together with differing levels of staff confidence and awareness, means preventative approaches are applied inconsistently and are not yet embedded in routine frontline decision-making.
- 3.5 Safeguarding practice is underpinned by a skilled and well-led specialist safeguarding team. Screening and oversight of referrals alongside multi-agency working in this context is effective, and safeguarding concerns are progressed, so people are protected from the risk of harm or abuse. However, safeguarding practice is not consistently embedded across all adult services. We saw a small number of instances where earlier identification and progression of safeguarding concerns would have been beneficial. Improved understanding, confidence and consistency in safeguarding practice across the wider adult social care workforce would support earlier recognition of risk, more timely responses and reduce the likelihood of drift or delay for some people.
- 3.6 Practice in relation to the Mental Capacity Act (MCA) and Best Interests decision-making (BID) is inconsistent. Although there is evidence of good practice, including clear recording of capacity assessments and best interests decisions, this is not applied consistently. We found gaps in recording and limited application of MCA and BID principles, which limits assurance that people's rights are properly understood, actively considered and protected.
- 3.7 Partnership working is underpinned by strong strategic foundations. There is clear alignment between the local authority, local health board and the third sector, supported by robust governance and a shared ambition. Relationship-based commissioning and constructive provider engagement are clear strengths. However, these strong strategic arrangements are not yet translating into consistently effective day-to-day joint working, particularly in relation to funding arrangements, NHS Continuing Healthcare (CHC) pathways and information sharing. This contributes to inconsistent experiences for people.

- 3.8 Supervision of practitioners and managers and investment in training is a clear strength. Regular, structured supervision provides effective management oversight of statutory compliance, risk and workload, while supporting reflective practice, practitioner wellbeing and safe decision-making.
- 3.9 The key improvement challenge is securing consistent implementation of existing expectations in day-to-day practice. Until this is achieved, there will remain a gap between expected standards and people's experience.

#### 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 Leaders are supportive and compassionate. Practitioners report feeling well supported by operational managers, which contributes positively to practitioner wellbeing, confidence and day-to-day practice. Senior leaders set a clear transformation vision and promote strengths-based and integrated ways of working. This provides a positive foundation for improvement, although consistency of strengths-based practice is still developing and leaders should ensure this continues.
- 4.2 There is evidence of person-centred and outcome-focused practice where people experience continuity of involvement and sufficient time with practitioners. In these circumstances, assessments, care and support plans and reviews reflect what matters to people and what supports independence, stability and wellbeing outcomes. Positive relationships between people and practitioners enable voice and participation, supporting respectful engagement and meaningful involvement in decisions about care and support.
- 4.3 The Powys Live Well Forum provides a well-established, structured approach to co-production and engagement with people. The forum is inclusive and accessible, enabling open dialogue on key issues and supporting people to influence service planning and development. This provides a clear route for people's voices to inform and influence local health and social care development initiatives. **This is positive practice.**
- 4.4 Advocacy plays an important role in supporting people's participation and protecting rights, particularly in more complex situations. Advocacy is appropriately used in relation to mental capacity and best interests decision-making where people have communication needs or limited mental

capacity to fully engage. In these circumstances, advocacy supports the representation of people's wishes and feelings and contributes to lawful and person-centred decision-making.

- 4.5 Regular and structured supervision provides managers with effective oversight of statutory responsibilities, risk and workload, while supporting reflective practice, practitioner wellbeing and safe decision-making. Supervision is consistently described as protected and valued, helping to sustain professional judgement and support practitioners to manage complexity and pressure. This creates an important foundation for consistent practice and quality.
- 4.6 Most practitioners who answered a question in the CIW survey report feeling supported by colleagues (95%) and their immediate managers (91%). Practitioners consistently describe a positive team culture, strong peer support and accessible line management, which helps them manage complexity and maintain wellbeing.
- 4.7 Practitioners consistently describe good access to relevant, good-quality training, and recognise a strong '*grow your own*' culture that supports skills development and career progression. This supports a more stable workforce, which in turn helps people experience continuity, confidence and consistency in the support they receive.
- 4.8 Unpaid carers have clear opportunities to share their experiences and influence decision-making through established carers' forums and engagement networks. These provide meaningful opportunities for unpaid carers to raise issues, shape service development and contribute to decision-making, with commissioners and senior leaders engaging directly with carers' groups. **This reflects positive practice by recognising unpaid carers as partners in care, ensuring their voices and lived experiences are listened to and used to inform service planning in ways which promote wellbeing and better outcomes.**

### **Areas for Improvement**

- 4.9 People's voices are not consistently captured in their own words within care records. Although views are generally sought, assessments, care and support plans and reviews often include professional language, reducing assurance that people are consistently equal in decision-making. **The local authority should ensure assessments and care and support plans consistently record what matters to people and support personalised and outcome-focused practice.**
- 4.10 Although unpaid carers are usually identified they do not consistently experience timely and effective support. Unpaid carers assessment and follow-up support is variable and delays in care and support contribute to increased strain and risk of escalation of individual needs. **The local authority must**

**ensure unpaid carers receive timely assessment and support in line with its statutory duties and joint assessments must be considered where these are appropriate.**

- 4.11 Whilst there are examples of good practice, the offer of advocacy for people is not consistently considered or clearly recorded in all cases. There is insufficient assurance that advocacy is routinely explored at key points in people's care and support, with explicit rationale documented where it is not provided. **The local authority must ensure the importance of advocacy is understood by all practitioners and formal advocacy where appropriate is offered, commissioned, and provided.**
- 4.12 The Welsh language active offer is not consistently evidenced in practice. While preferred language is usually recorded, care records do not consistently demonstrate that people are proactively offered assessment, planning or review in Welsh. This risks people being unaware of their right to access support in Welsh, where this may be their preference. **The local authority must strengthen delivery of the Welsh language active offer, so people are proactively offered services in Welsh and this is clearly demonstrated in records.**
- 4.13 Direct payments offer meaningful choice and flexibility for some people. They enable personalised arrangements, continuity of trusted relationships and greater control over how support is delivered. However, direct payments are not routinely explored or re-explored at reassessment or review. In some instances, limited recorded rationale reduces assurance that options to increase choice and control have been fully considered. **The local authority must continue its efforts to ensure Direct Payments are considered and offered as a way of meeting eligible needs, with clear rationale recorded where they are not taken up**
- 4.14 Adult services are operating within a context of sustained workforce and system pressure, alongside ongoing restructuring and an ambitious programme of service transformation. As services realign structures, roles and ways of working, there is some variation in recording quality, the timeliness of reviews and follow-up activity, and the consistency with which strengths-based practice is applied. Some practitioners report uncertainty during periods of transition, including about future structures, priorities and expectations, which contributes to anxiety and reduced confidence. **Leaders should continue to support staff through planned change and prioritise clear, consistent communication to embed shared practice expectations across all teams, so strengths-based approaches are applied more evenly, and people experience consistent outcomes regardless of where they live or which team supports them.**

- 4.15 Quality assurance and audit arrangements are in place and reflect the local authority's commitment to learning and improvement. Leaders engage with findings and demonstrate openness to challenge, supporting reflection and improvement where learning is identified. However, its application is inconsistent and provides limited critical analysis. This limits the assurance these processes should provide. **The local authority should strengthen the depth, consistency and oversight of audit arrangements to improve confidence that quality assurance activity is effectively supporting service-wide learning and improvement.**

## **Prevention**

### **Strengths**

- 4.16 Front-door arrangements and triage processes support prioritisation of people with urgent needs. Where risk is identified, responses focus on people's safety and safeguarding, which provides assurance that immediate concerns are recognised and managed.
- 4.17 Practitioners demonstrate a preventative ethos in their approach to assessment and care planning. Where workforce capacity and services are available, practice focuses on maintaining independence and preventing escalation of need, supported by professional judgement and management oversight. There are examples of early intervention supporting people to remain safe and well with timely, coordinated responses.
- 4.18 The local authority is taking active steps to strengthen home care services as part of its wider approach to managing demand and improving access to support. The way services are commissioned and monitored supports constructive working with providers and helps improve service reliability. Although staff shortages and capacity pressures continue to affect some people's experience, this approach is supporting the local authority make progress in improving access to home care and reducing waiting times.
- 4.19 Practitioner feedback reflects a strong commitment to prevention and early intervention. Practitioners describe a shared preventative ethos and a clear intention to support people earlier, even where system constraints limit what can be delivered.

### **Areas for Improvement**

- 4.20 Some people experience delay in receiving assessment, advice or support, and some care and support plans are not consistently reviewed in a timely way. Where reviews are not timely there is a risk people's changing needs are not monitored appropriately leading to inappropriate provision of care and support. **The local authority must continue its efforts to reduce delay in**

**assessment and ensure reviews are undertaken in line with statutory timeframes to monitor changes and mitigate against this risk.**

- 4.21 Although risks are often identified, contingency plans are not consistently clear or actionable, limiting assurance that care can be sustained when circumstances change. **The local authority should ensure contingency planning is explicit to mitigate risks to the provision of timely and appropriate care and support.**
- 4.22 Limited availability of respite care, along with day and community provision, reduces the local authority's ability to prevent people's needs from escalating, particularly for people living in rural areas. Gaps in services and competing demands mean some people do not receive the support they need early enough, limiting opportunities for early intervention and proactive review. **The local authority should ensure that its service restructure delivers preventative approaches that are fully operational and applied consistently, so that people are supported earlier and the escalation of their needs is reduced.**
- 4.23 Senior leaders have a clear understanding of gaps in local nursing care home provision and the impact on people's care, including delays in assessment and hospital discharge for people with more complex needs. Planned increases in internal capacity through homes registered to provide both care and nursing are positive, but timely delivery will be important to reduce these pressures. **The local authority should continue to strengthen and progress its commissioning and market-shaping activity alongside this work, to ensure people can access appropriate nursing care in a timely way, closer to home where possible, and to minimise avoidable delay or risk.**

## **Well-being**

### **Strengths**

- 4.24 Most safeguarding enquiries are progressed within statutory timescales, and there are examples of effective multi-agency coordination and rights-focused safeguards that support people's safety and well-being in line with the Wales Safeguarding Procedures (WSP).
- 4.25 Safeguarding leadership and the specialist safeguarding team provide strong legal expertise and oversight, supporting timely, proportionate and rights-focused safeguarding responses.
- 4.26 Daily safeguarding screening meetings within the designated safeguarding team provide consistent, system-level oversight of emerging risk. These arrangements support timely decision-making, appropriate escalation and

proportionate responses, contributing to early safeguarding action and supporting people's safety and well-being in line with the 2014 Act.

### **Areas for Improvement**

- 4.27 Whilst there are examples of timely identification of risk and implementation of safeguarding practices, safeguarding practice is not consistently applied across adult services. In a few instances, safeguarding decisions and processes are not progressed or recorded in a way that provides full assurance that appropriate action has been taken at the point of the identification of risk. **The local authority should strengthen system-wide safeguarding understanding, decision-making and oversight to ensure safeguarding concerns are consistently recognised, recorded and progressed across the service.**
- 4.28 There are some examples of good practice around recording of capacity assessments and best interests decision making. However, this is not consistently evidenced, particularly in relation to people who may potentially lack mental capacity to make key decisions about their care and support. This limits clarity and confidence in the rationale for key decisions in some instances. **The local authority must ensure mental capacity assessments and best interest decisions are applied consistently, decision-specific, and clearly recorded in line with the Mental Capacity Act 2005.**
- 4.29 In common with other local authorities across Wales, the local authority has a backlog of Deprivation of Liberty Safeguards (DoLS) assessments, alongside ongoing best interests assessor capacity constraints. Arrangements are in place to support improvement and oversight of DoLS activity, including active waiting list management, prioritisation and actions to reduce long waits. **The local authority must continue to ensure that arrangements for DoLS assessments are fit for purpose, sufficiently resourced and responsive to risk.**

### **Partnership**

#### **Strengths**

- 4.30 Partnership working is effective at a strategic and safeguarding level. Relationships between the local authority, safeguarding partners and commissioning functions support coordinated responses where risk escalates. Where adult safeguarding thresholds are met, agencies work together to share information, make proportionate decisions and progress safeguarding enquiries, contributing to people's safety, rights and wellbeing in line with the Act and Wales Safeguarding Procedures (WSP).

- 4.31 Commissioning and contract monitoring arrangements support partnership working with providers. Stakeholders describe these functions as constructive and solution-focused, with evidence of joint problem-solving where services are under pressure.
- 4.32 The commitment to partnership working is reinforced through key forums such as *Engage to change* and *Carers Steering Group*, with further evidence of collaboration with Llais to support people's feedback shaping services. **This is positive practice, providing structured opportunities for people and unpaid carers to influence priorities and ensuring learning and improvement are informed by lived experience.**
- 4.33 Coordinated partnership working between the local authority and the local health board supports people's well-being outcomes. Joint arrangements, including multi-agency hospital discharge meetings, dedicated hospital social work input, shared performance dashboards and the development of trusted assessor and joint brokerage approaches, contribute to timelier, coordinated decision-making and supports continuity of care. **This is positive practice supporting people to receive the right help in a timely manner.**
- 4.34 At a strategic level, senior leaders and partners share an understanding of improvement priorities. Engagement with partners supports shared oversight of system pressures and contributes to collaborative discussion about service development. Resource pressures, rurality and market constraints continue to place strain on partnership delivery and contribute to variability in communication and timeliness. These challenges are recognised and approached as a shared responsibility between the local authority and its partners, supporting collaborative problem-solving and joint ownership. **This is positive practice, demonstrating effective partnership working.**

### **Areas for Improvement**

- 4.35 People's experience of partnership working is inconsistent. While strategic relationships between organisations are effective, these arrangements do not consistently translate into coordinated and joined-up practice at an operational level. As a result, some people and unpaid carers report having to repeat their circumstances to multiple professionals, which reduces their sense of control, confidence in partnership arrangements, and overall wellbeing. **The local authority should strengthen assurance, information sharing and continuity across partners to ensure people consistently receive coordinated and joined-up support.**
- 4.36 In some areas service availability can constrain the effectiveness of partnership working. Limited sufficiency of services restricts the ability of partners to respond flexibly and in a coordinated way, particularly in rural areas, increasing the risk of delay and escalation and limiting choice. **The local authority should**

**continue to work with partners to strengthen planning and coordination where service availability limits timely and preventative responses.**

- 4.37 Practitioner feedback shows concern that future system changes may reduce visibility of information and make coordination and joint working with the local health board more challenging. **The local authority should continue to monitor this closely and maintain strong oversight of data quality, recording standards and system access during periods of transition, to ensure risks remain visible and are effectively managed.**

## **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 24 people through review and tracking of their social care record. We reviewed 20 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 3 people receiving services and/or their carers.
- We engaged, through interviews and focus groups with 31 local authority employees (this included social workers, team managers, operational managers, head(s) of service, direct of social services).
- We engaged, through interviews and focus groups with 15 practitioners and leaders from partner organisations.
- We observed forums, care settings, daily meetings and visited partner organisations.
- We reviewed supporting documentation sent to CIW for the purpose of the inspection.
- 77 practitioners, 72 people and 17 partners completed CIW inspection surveys.

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 made and accepted by those who wished to engage with us 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 be 'Lou Bushell-Bauers', written in a cursive style.

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

## Appendix 1

### Glossary of Terminology

<b>Term</b>	<b>What we mean in our reports and letters</b>
<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 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 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 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 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 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%