Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Claire Marchant
Corporate Director of Wellbeing
Bridgend County Borough Council

Date: 23 September 2026

Dear Claire Marchant

Care Inspectorate Wales (CIW) - Assurance Check of Bridgend County Borough Council's Adult Services

1. Introduction

1.1 This letter describes the findings of our assurance check from July 13 to 18 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.

1.2 We focused our key lines of enquiry in accordance with 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?

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

- **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 The local authority has a clear strategic vision for adult social services and demonstrates a strong commitment to delivering person-centred, strengths-based support that promotes independence, wellbeing and positive outcomes.

3.2 Adult social services benefit from strong corporate support, sustained investment and effective governance. A clear operating model supports integrated working and service transformation in response to increasing demand.

3.3 Most people are supported to participate in decisions affecting their lives through the consistent offer of advocacy and an innovative range of prevention and early intervention services. Community partnerships, technology-enabled care and local initiatives help promote independence and reduce reliance on statutory services.

3.4 Partnership working is a significant strength. Mature integration arrangements, including co-located multidisciplinary teams, Section 33[1] agreements, Multi-Agency Safeguarding Hub (MASH) and partnership work with Parc Prison, support coordinated and effective responses to complex need and safeguarding concerns.

3.5 Safeguarding arrangements are well established, with staff and partners confident that adults at risk receive timely and proportionate responses. Ongoing focus on quality assurance, workforce development and service improvement provides a strong platform for continued progress.

3.6 Rising numbers of referrals and people needing care and support places sustained pressure on services; and challenges with recruitment, retention, sickness and absence can impact service resilience and delivery.

3.7 Inspectors found variability in the quality of assessments and reviews. Greater consistency is needed in recording people's voice and choice and ensuring reviews remain proportionate, outcome-focused and responsive to changing needs.

3.8 Challenges relating to pathways, prevention and carers support are part of the local authorities ongoing plans for continuous improvement. Leaders identify the issues and are implementing plans which should achieve tangible benefits for people and practitioners.

3.9 Overall, the local authority demonstrates effective leadership, a committed workforce, strong partnerships, and a clear strategic direction. Adult social

[1] Formal agreements aimed at pooling resources and improving the delivery of care services.

services provide a solid foundation for improvement. However, leaders must ensure improvement plans deliver timely, measurable improvements in people's experiences and outcomes, particularly in workforce resilience, assessment and review practice, support for carers, and care and support pathways.

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

Strengths

4.1 The workforce demonstrates professional commitment and dedication to achieving positive outcomes for people. Staff work within supportive and collaborative team environments where managers promote professional reflection, learning and shared problem-solving.

4.2 Effective induction arrangements help new staff develop confidence in their roles, while a broad range of training and development opportunities supports the continual growth of skills, knowledge and practice. Staff spoke positively about the support they receive from colleagues and managers.

4.3 The local authority has established a strengths-based practice model which is well understood by staff and integrated partners. Survey responses indicate some confidence in person-centred practice and many respondents (73%) agree that people are treated as equal partners with voice, choice and control.

4.4 The Director of Social Services and Head of Service promote a focus on coproduction and achieving 'what matters'. Stakeholders spoke positively about the accessibility and responsiveness of senior leaders and described how ongoing dialogue has strengthened trust, assurance and confidence in adult social services.

4.5 The local authority has a clear strategic direction for adult social services through a robust three-year strategic plan and a revised operating model. Governance arrangements are clearly articulated and provide effective oversight of both adult social care services and associated integrated arrangements, enabling leaders to monitor performance, manage risk and drive improvement.

4.6 There is good corporate support for adult social services through sustained investment in both statutory and preventative services, including the development of new posts. Investment has targeted the highest areas of need

to improve workforce capacity and enabling innovation, prevention and sustainable service delivery despite rising pressures.

4.7 Advocacy services play an important role in helping the local authority gather and understand the views and experiences of people who use services, contributing to service development and improvement activities. Advocacy is considered for most people, and we found positive examples of advocacy supporting people to participate in safeguarding processes, including the use of Independent Mental Capacity Advocates (IMCAs) where appropriate. Leaders have a good understanding of the challenges associated with advocacy availability and arrangements are subject to regular review.

4.8 Equality, diversity and inclusion is well embedded in practice, and we found positive examples of practitioners considering the cultural and communication needs of the travelling community, religious groups, and people with a disability. In the best examples, we found practitioners adapting methods of communication to better meet need, including the use of pen pictures and pictorial minutes.

4.9 The Welsh language is appropriately promoted across adult social services, and the local authority demonstrates a clear commitment to ensuring people are actively offered the opportunity to receive services in Welsh. Staff are routinely expected to establish and record people's language preferences, and the availability of Welsh-speaking staff supports access to services in Welsh.

Areas for Improvement

4.10 Workforce capacity, staff turnover and sickness absence are affecting staff wellbeing and the continuity of support for people. Staff also identified challenges relating to skill mix and changes of management; although the local authority has a good wellbeing offer and 75% of staff would still recommend working for the local authority. **Leaders strengthen recruitment, retention and workforce wellbeing through a workforce leadership board and should maintain a focus on workforce planning and wellbeing.**

4.11 Leaders have developed structured forums to engage with managers and teams about service developments; and there are consultant social workers to support leadership arrangements. While most practitioners valued the support of their managers, some operational staff shared different perspectives to strategic leadership about their experience of frontline practice. There was also mixed feedback from managers about their morale and wellbeing. **Senior leaders should continue to strengthen existing forums to include staff in service development and work with team managers and teams to enhance their support and wellbeing.**

4.12 While inspectors found examples of practitioners working effectively with people to identify what matters to them and build on individual strengths, this approach is not applied consistently across the service. **The local authority should continue to improve the consistent application of its strengths-based model to ensure assessments and care plans are co-produced with people, clearly reflect what matters to them, and set out measurable outcomes that support independence, wellbeing, and positive change.**

4.13 Recordings do not always clearly demonstrate how a person's views, wishes and feelings have been heard and reflected in decision-making. There are clear standards set out in recording policy and a 7-minute briefing to support staff to record to the standards the local authority has set. **The local authority should continue to review recording practices and ensure the consistent application of agreed standards.**

4.14 Most staff (78%) reported receiving regular supervision. Supervision supports decision-making, workload management and staff wellbeing, with positive examples of strengths-based and systemic practice evident across services. However, inspectors found decisions and agreed actions arising from supervision were not consistently recorded on the Welsh Community Care Information System (WCCIS), limiting oversight and assurance of follow-up actions. Opportunities to use supervision to promote learning, development and reflective practice were also variable. **The local authority should strengthen the recording of supervision and enhance focus on learning, development and reflective practice.**

Prevention

Strengths

4.15 All new enquiries for adult social services come through the Early Intervention and Prevention hub. This integrated short-term service supports the early identification of need, proportionate interventions and increased opportunities for people to receive the right support at the right time. The availability of multidisciplinary support – including occupational therapy, physiotherapy, pharmacy, social work and support-at-home services - ensures a reablement-focused offer which reduces reliance on long-term services and makes more efficient use of resources.

4.16 The local authority has developed a strong range of community-based preventative services, including community hubs, Local Community Coordinators, BAVO Community Navigators, Awen cultural services and Halo Leisure programmes. The inclusion of cultural, leisure and community wellbeing services within the wider social services portfolio is **positive practice** that supports the wellbeing of people and helps prevent or delay the need for more intensive statutory interventions.

4.17 The local authority has also invested in assistive technology, telecare, aids and adaptations, technology-enabled care, and initiatives such as the bed-to-chair project to help people remain safely at home. These arrangements demonstrate a clear commitment to promoting community-based support and reducing reliance on statutory services where appropriate. There is now an opportunity to build on these strengths by further mapping and coordinating the prevention offer, improving awareness and access pathways, and ensuring people and professionals can consistently identify and access the most appropriate support at the earliest opportunity.

Areas for Improvement

4.16 While most staff reported positive communication between teams, inspectors found ongoing challenges relating to pathways and recording systems across organisations. The effectiveness of joint working can be dependent on individual relationships and there is some variable practice, duplication, and delays meeting need. Leaders are developing plans to strengthen the prevention offer and pathways to support. **Leaders should ensure improvements are delivered at pace and lead to demonstrable improvements.**

4.17 Only 42% of staff surveyed felt there was a sufficient range of services available to meet people's needs and, although the prevention offer is positive overall, some gaps were identified. Feedback highlighted some concerns about access to respite provision and capacity pressures within occupational therapy services. The local authority has increased the availability of respite for carers and has positive plans to shape the market and improve the sufficiency of occupational therapy. **Leaders should ensure these developments result in people consistently receiving the right support at the right time.** This should include a clear focus on developing systems which are responsive to need and raise awareness about the services available to people and carers.

4.18 Most reviews are timely and completed in line with statutory requirements, but the quality and approach can vary across teams. Many demonstrate strong co-production and multi-agency involvement. Few would benefit from enhanced focus on outcomes, recording people’s voice and choice, and strengthening multi-agency working. It is particularly important that reviews consider statutory duties such as direct payments, advocacy, carers assessments and mental capacity where this is relevant. **While some flexibility is appropriate, the local authority should establish clear minimum standards to ensure reviews are proportionate, consistently involve people and carers, focus on what matters to them, and support the early identification of changing needs to prevent escalation.**

4.19 The Commissioning for Complex Needs Team is responsible for overseeing complex assessments and reviews, supporting effective commissioning decisions, and ensuring care and support plans are proportionate, evidence-based and focused on promoting independence and wellbeing. This is challenging work which requires close partnership working with internal and external stakeholders to ensure effective use of resources and high-quality outcomes for individuals. **To improve the experience of people and practitioners, the local authority should continue to strengthen assessment, review and governance arrangements to ensure proportionate care and support packages are agreed at the earliest opportunity through robust assessment and effective management oversight.**

4.20 Carers described many prevention services as responsive and effective in supporting their wellbeing. The local authority has coproduced an improvement plan with carers and there has been a rise in carers assessments being completed. However, carers continue to report difficulties accessing social work support, including delays in reviews, challenges contacting services, confusion about support pathways, and inconsistencies in access to carers' assessments and respite provision. Leaders are aware of these issues, and carers spoke highly of recent engagement with the Head of Service about improvements. **Leaders must ensure carers are offered assessments in line with statutory requirements and should continue to strengthen pathways so carers can access timely, coordinated and effective support that reflects their own needs, circumstances and what matters to them.**

4.21 Assessments demonstrated a variable focus on people's resilience, personal strengths and networks of support. This can limit professional curiosity about the sustainability of support arrangements and the potential for needs or risks to escalate. This is particularly important when contingency planning and practitioners often signpost to general services, without sufficient focus on the needs of the individual. **The local authority should strengthen assessment and contingency planning arrangements to ensure emerging risks are identified early and preventative action is considered.**

Well-being

Strengths

4.22 Performance indicators across adult social care are positive, with strengths evident in assessment timeliness, reablement outcomes and reduced reliance on long-term residential care.

4.23 Survey findings demonstrate a high level of confidence in safeguarding arrangements, with all staff respondents agreeing that people are protected from abuse and neglect. Safeguarding is an area of **positive practice** and

practitioners provide proportionate and timely responses to risk, supported by effective multi-agency collaboration and a consistent focus on achieving positive outcomes.

4.24 Leaders have taken positive steps to strengthen safeguarding practice through dedicated workstreams focused on key risks, including self-neglect, exploitation, suicide and self-harm, alongside more consistent approaches to risk assessment. This **positive practice** should increase professional confidence, improve consistency in decision-making, and help ensure people receive timely and effective protection.

4.25 The “Have Our Say” group provides an inclusive forum where people with a learning disability are supported to share their views, influence activities and increase their understanding of safeguarding and their rights. Staff demonstrate constructive and trusting relationships and used tailored communication methods, including sign language and accessible pictorial minutes. This innovative approach enabled people with a range of communication needs to understand discussions, revisit decisions and maintain ownership of the group’s work. This is **positive practice** which demonstrates the local authority’s commitment to ensuring people can meaningfully participate in decisions that affect them.

4.26 Quality assurance arrangements are well established and viewed positively by staff, with 92% of staff surveyed reporting confidence in their effectiveness. The local authority has invested dedicated resource in quality assurance and developed a comprehensive framework supported by regular audits and quality circles[2]. Opportunities remain to demonstrate more consistently how quality assurance activity leads to measurable improvements in practice, service delivery and outcomes for people. Nevertheless, continuous improvement is a clear priority for the authority, underpinned by allocated capacity and committed leaders.

4.27 Financial management arrangements are effective, and the local authority has demonstrated an ability to manage resources sustainably while responding to increasing demand. Leaders recognise the need for continued growth within adult social services and have secured additional investment to strengthen services and meet identified pressures. This reflects a clear corporate understanding of future demand, workforce challenges and the importance of investing in long-term service resilience and improvement.

[2] Processes for reviewing quality assurance findings, identifying learning, and translating this into practice improvement.

Areas for Improvement

4.28 Staff reported difficulties sharing information because ICT systems do not consistently work effectively across organisations. Local and regional leaders are improving information-sharing arrangements to strengthen partnership working and help ensure people receive coordinated and timely support. **Leaders should continue to review the timeliness and effectiveness of these programmes and the degree to which it delivers improved service deliver and outcomes for people.**

4.29 Mental capacity and best interest assessments were generally person-centred, well evidenced and demonstrated appropriate consultation, advocacy and consideration of risk. However, inspectors identified examples where mental capacity assessments had not been completed when required or were not sufficiently specific to support robust decision making. There were also occasions where best interest decisions had not been revisited when the person's circumstances changed. While the local authority has arrangements in place to identify and review potential deprivations of liberty, inspectors found some variation in the timely recognition, review and oversight of restrictions. This indicates scope to strengthen legal literacy, professional curiosity and management oversight to ensure the principles of the Mental Capacity Act are consistently applied. **The local authority should improve systems for identifying when legal safeguards are needed and for senior oversight of complex or contested decisions to ensure timely escalation and governance of decision making. This should include focus on strengthening practice and ensuring decision-specific capacity assessments are consistently completed and best interest decisions are clearly recorded, regularly reviewed, and updated as circumstances change.**

4.30 The local authority has strengthened its panel arrangements[3], with terms of reference that are increasingly focused on quality assurance and promoting the authority's principles of practice. Panels provide opportunity for valuable scrutiny and learning, helping to improve practice and governance. Some practitioners continue to have reservations about the approach of panel and question whether methods could be more efficient and constructive. **Leaders should continue to evaluate the effectiveness of changes to panel and ensure approaches support consistent, strength-based and outcome focussed practice.**

[3] A panel in social services is a forum for oversight of decision making and assurance about practice quality

Partnership

Strengths

4.31 The Bridgend MASH provides safeguarding services from local authority and partners, as a single point of contact for all new safeguarding concerns. This enables timely multi-agency information sharing, analysis and decision-making.

4.32 Safeguarding partners spoke positively about the quality of operational relationships and referrers consistently receive feedback following referrals. The local authority has introduced a consultation line which improves information sharing and relationships with referrers. Partners describe a **positive culture** that promotes shared ownership, informed decision making, and a focus on need over eligibility.

4.33 Integrated working arrangements are a significant strength and support coordinated and person-centred responses for people with complex needs. Mature partnership arrangements (including Section 33 agreements and the Integrated Community Care System for older people and people living with frailty) provide shared governance, clear accountability and effective oversight of integrated service delivery. The benefits of integration are particularly evident through the co-location of MASH, short and long term care and support services, mental health, learning disability and substance misuse teams. This **positive practice** enables timely information sharing, joint decision-making and coordinated risk management.

4.34 Staff and partners consistently describe constructive professional relationships and a culture of collaboration, contributing to services operating effectively across organisational boundaries. The local authority continues to strengthen its integrated model through partnerships with community-based and preventative resources, including close partnerships with Telecare, the Alzheimer's society, and the Assisting Recovery in the Community (ARC) mental health service.

4.35 Partnerships with Parc Prison are a notable area of **positive practice** which have received recognition. Safeguarding and operational arrangements support effective information sharing, coordinated responses to risk and continuity of support for people in custody and those transitioning into the community. These arrangements strengthen the local authority's ability to respond to vulnerability, safeguarding concerns and complex circumstances.

4.36 Integrated multidisciplinary meetings (MDMs) bring together health, social care and other professionals to jointly review complex cases, coordinate interventions, maintain oversight of risk and share contextual insights. Stakeholders consistently describe MDMs as an area of **positive practice**

which supports effective communication, contextual interventions, and shared decision-making.

4.37 The local authority has a well-developed understanding of current and future population need and has established clear commissioning strategies to support the long-term sustainability of adult social care. Leaders demonstrate commitment to strengthening capacity in the community, focusing on extra care housing, specialist nursing care, and community-based accommodation and support. The commissioning department and senior leaders have established **positive practice** and constructive relationships with providers and third-sector organisations, supporting collaborative approaches to service delivery and improved outcomes for people. Providers feel listened to and valued as partners and spoke positively about accessibility to commissioners. These arrangements build confidence across the sector and support ongoing dialogue about service sufficiency and quality.

4.38 The local authority and partners have improved transition arrangements for young people with a disability, including regular discussions with Adult Services to promote early planning. Leaders are improving arrangements for young people outside of established transition pathways. This includes a strategic focus on transitional safeguarding, non-familial harm, and the exploitation of vulnerable adults.

Areas for Improvement

4.39 Third sector organisations and providers expressed a desire to do more collectively and identified opportunities to strengthen strategic coordination, innovation and collaboration across the wider care and support system. **Leaders should continue to strengthen strategic partnerships with providers and third sector organisations to enhance the scale of collective action, innovation and system-wide collaboration.**

4.40 Bridgend is a strong contributor to regional developments and has played a leading role in progressing integration and safeguarding arrangements across the Cwm Taf Morgannwg region. While partnership working is a significant strength, there remains opportunities to improve some important areas of practice. This includes Continuing Healthcare (CHC), access to specialist services for people who do not meet the eligibility criteria for Tier 3 services[4], and cross-boundary service provision for people with a Learning Disability. These issues can affect timely access to funding, specialist support and coordinated care for people with complex needs. Leaders are aware of these challenges and welcome both the national CHC improvement programme and the ongoing work of Local Operating Groups to promote improvement. **The**

[4] Services co-located with specialist health teams.

local authority should continue to collaborate with partners to strengthen the pace and impact of improvement activity.

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

- We reviewed supporting documentation sent to CIW for the purpose of the inspection.
- We administered surveys to local authority social services staff, partner organisations and people.
- Most inspection evidence was gathered by reviewing the experiences of 34 people through review and tracking of their social care record. We reviewed 31 social care records and tracked three.
- 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 were appropriate other professionals involved.
- We engaged, through phone calls, interviews, focus groups and observations with 31 people receiving services and/or their carer.
- We engaged, through interviews, focus, groups and observations with 102 local authority employees and staff from partner organisations.

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 not required on this occasion. This is because the local authority informed us that people taking part did not wish to contribute to this assurance 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,

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

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 well-being. 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 well-being and the things that matter most to them.
Well-being	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.
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 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%