Arolygiaeth Gofal Cymru
Care Inspectorate Wales

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Date: 22/09/2026

Dear Director,

Care Inspectorate Wales (CIW) - Improvement Check (IC) of Monmouthshire County Council adult services

1. Introduction

1.1 This IC reviewed progress made against areas for improvement identified through previous inspection activity. These areas were originally identified during our 2022 Performance Evaluation Inspection and were subsequently reviewed through an Improvement Check in 2025, which identified further areas requiring improvement. This Improvement Check considered the progress made against both the original and subsequent areas for improvement. The findings below are consolidated, connected priorities that summarise the progress made to date.

1.2 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.

Principle	Consolidated, Connected Priorities	Progress identified at 2026 IC
People	The local authority must ensure care and support planning uses professional judgement to consistently reflect people's views, strengths, needs, risks, personal outcomes and eligibility in a clear, measurable and outcome-focused way. This must include the timely identification, assessment and support of unpaid carers. The local authority must ensure the consistent consideration and recording of advocacy, so that people are supported to express their views, wishes and outcomes.	Some improvements made – further action required
	Inconsistent Welsh active offer, with weaknesses in recording and ensuring people can communicate desired outcomes	Improvements made – must be sustained
Prevention	Assessments were delayed due to waiting lists evident across teams and professions.	Improvements made – must be sustained
	The local authority should strengthen its ability to deliver timely preventative and community-based support, including through workforce and market capacity, to minimise escalation of need and improve outcomes for people.	Some improvements made – further action required
	The local authority should ensure it has an effective, fully embedded and consistently applied quality assurance framework, providing robust oversight and enabling data and learning to evidence impact and drive sustained improvements in practice and outcomes.	Some improvements made – further action required
Well-being	The local authority must ensure safeguarding practice is consistently supported by robust written analysis, clear recording and explicit application of the Wales Safeguarding Procedures, including clear rationale for decisions and outcomes.	Some improvements made – further action required

	The local authority must ensure an appointed manager can focus on delivering improvements detailed in the safeguarding team development plan.	Improvements made – must be sustained
	Further improvements were required in meeting section 126 enquiry timescales.	Improvements made – must be sustained
	The local authority must ensure contingency planning and professional curiosity is embedded in assessments, care and support planning and safeguarding practice, with clear and actionable plans to respond to changes in people's circumstances.	No improvement made – action required
Partnership	The local authority should ensure agreed multi-agency actions, particularly in relation to hospital discharge, are consistently implemented and followed through to improve the timeliness and effectiveness of support for people.	Some improvements made – further action required

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 Improvement Check

3.1 This IC builds on areas for improvement identified in 2022 and reviewed again in 2025. Monmouthshire County Council adult services is demonstrating a positive direction of travel, with evidence of strengthened leadership, committed practitioners and focused service development. This journey of improvement is evident in the front-door Information, Advice and Assistance offer, reablement, assistive technology, safeguarding timeliness and partnership working. These developments are beginning to support improved flow, earlier intervention and more positive experiences for a majority of people.

3.2 However, improvement is not yet consistently embedded or reliably translating into sustained outcomes for people. Variability remains in assessment, care and support planning, advocacy, carers' assessments, safeguarding analysis, contingency planning, recording, quality assurance and the follow-through of

multi-agency actions. Workforce and market capacity pressures continue to affect timeliness, consistency and the local authority's ability to fully deliver its preventative ambitions. CIW's position is that progress is evident and the direction of travel is positive, but further action is required to strengthen assurance, embed consistent practice and demonstrate measurable, sustained improvement in outcomes for people.

3.3 Despite this, the local authority benefits from a committed and resilient workforce, with strong relationship-based practice supporting people to feel listened to and involved in decisions about their care and support. Many practitioners report a positive and supportive working environment, underpinned by good peer support, supervision and a shared commitment to person-centred practice. However, this is not consistently reflected in all aspects of practice and recording.

3.4 These should be understood as consolidated, connected priorities rather than separate or additional issues, bringing together care and support planning (including carers and advocacy), preventative support and system capacity, quality assurance and evidence of impact, safeguarding practice, contingency planning, and partnership delivery. Taken together, these reflect systemic challenges in translating assessment and planning activity into consistent, outcome-focused practice, supported by robust oversight and effective partnership.

3.5 Care and support planning remains a central improvement priority. While many assessments capture people's voice, personal circumstances and what matters to them, this is not consistently translated into clear, measurable and outcome-focused care and support plans. This includes the consistent consideration and recording of advocacy, and the identification, assessment and support of unpaid carers.

3.6 The local authority has continued to strengthen its preventative offer, including improvements to Information, Advice and Assistance, reablement and assistive technology. However, timely access to preventative and community-based support is not yet consistent, and workforce and market capacity pressures continue to affect the availability, flexibility and sustainability of support. Further improvement is required to ensure early intervention is consistently delivered, escalation of need is minimised and people experience timely support.

3.7 Quality assurance, performance information and evidence of impact require further strengthening. There is evidence of improvement activity and developing oversight arrangements, but learning is not yet systematically captured, shared or embedded across the service. The absence of a consistently applied overarching quality assurance framework limits the local authority's ability to evidence, track and sustain improvements in practice and outcomes.

3.8 Safeguarding arrangements are supported by a responsive and engaged workforce, with timely initiation and completion of section 126(1) enquiries made under the 2014 Act (section 126) enquiries and effective multi-agency working in many cases. However, safeguarding practice is not yet consistently supported by robust written analysis, clear recording and explicit application of the Wales Safeguarding Procedures. Further improvement is also required to ensure contingency planning is embedded within assessments, care and support planning and safeguarding practice.

3.9 Partnership working is well established, with strong strategic and operational relationships supporting collaboration across the local authority, health and wider partners. However, follow-through of agreed multi-agency actions is not yet consistently reliable, particularly in relation to hospital discharge. Further action is required to ensure partnership arrangements consistently translate into coordinated, timely and effective support for people.

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 - voice and control. We asked:

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

- To what extent does the quality of assessments and care and support plans evidence a clear focus on what matters to people, capture their individual views and personal circumstances, and articulate personal outcomes, strengths and risks, such that people's voices demonstrably inform analysis, decision-making and resulting actions.

<u>Strengths</u>

4.1 Many people benefit from strong relationship-based practice, where trusting and consistent relationships with practitioners help them feel confident to express their views and influence decisions about their care and support. This reflects a growing approach to co-production, with people and carers increasingly involved as partners in decisions about their care and support. However, this is not yet consistent across all areas of practice.

4.2 People's views and experiences are reflected in many assessments, supporting a clear understanding of what matters to them. Information about personal circumstances, strengths and desired outcomes is often recorded, helping

practitioners involve people in decisions about their care and support. However, this is not consistently translated into care and support planning.

4.3 People are mostly supported to communicate in their preferred language, in line with the 'More Than Words strategy', which promotes the active offer of Welsh and helps people to engage more fully in conversations about their care and support.

4.4 People experience support from a workforce that values equality, diversity and inclusion, with practitioners recognising individual needs and making appropriate adjustments to enable meaningful engagement. Practitioners describe an inclusive and respectful culture, where person-centred values and a focus on "what matters" are consistently promoted. This shared approach to valuing people and supporting staff continues to strengthen practitioners' ability to deliver personalised care and contributes to positive experiences for people and practitioners, although this is not yet consistently reflected within recorded practice

4.5 Practitioners mostly report a positive and supportive working environment, with strong peer support and many feeling supported by managers. Supervision is generally described as regular and reflective, supporting learning and practice development. However, its impact is not consistently demonstrated in case records. Recording of supervision and its influence on decision-making is variable, limiting the ability to evidence effective managerial oversight and the rationale for professional judgements. Additionally, communication between leaders and frontline staff is not always consistent limiting shared understanding and contributing to a variation in practitioner confidence and the consistency of professional decision-making.

4.6 Many people and families describe positive experiences of care, particularly where relationships are strong and communication is proactive, although a minority report delays and inconsistent communication which impact their experience of support. This reflects a committed workforce delivering generally positive experiences for people, although system pressures affect consistency.

<u>Areas for Improvement</u>

4.7 Care and support planning remains a central area for improvement. Many assessments capture people's voice, personal circumstances and what matters to them. However, many assessments do not capture barriers to achieving outcomes, risks if the outcomes are not achieved and personal strengths. Assessments are not consistently translated into clear, measurable and outcome-focused care and support plans. This includes the consistent consideration and recording of advocacy, and the identification, assessment and support of unpaid carers. **The local authority must ensure care and support planning uses professional judgement to consistently reflect**

people's views, personal circumstances, strengths, needs, risks, barriers to achieving outcomes, personal outcomes and eligibility in a clear, measurable and outcome-focused way. This must include ensuring assessments are consistently translated into effective care and support plans, and the timely identification, assessment and support of unpaid carers.

The local authority must ensure the consistent consideration and recording of advocacy, so that people are supported to express their views, wishes and outcomes.

Prevention – we asked:

To what extent is the local authority ensuring the need for care and support is minimised, and the escalation of need is prevented whilst ensuring that the best possible outcomes for people are achieved in a timely manner?

How effectively does the local authority identify and respond at the earliest point to emerging needs, including through information, advice and assistance, proportionate assessment, and timely access to preventative and community-based support, such that avoidable escalation into statutory intervention, safeguarding or long-term care is reduced and can be evidenced through people's pathways and outcomes.

Strengths

4.8 The local authority has an improved front-door offer, reflecting progress since previous inspection activity, through its Information, Advice and Assistance (IAA) service. IAA provides effective triage, with high-quality information gathering and appropriate pathway identification at an early stage. Practitioners describe IAA as central to the prevention agenda, supporting early intervention and helping ensure people are directed to appropriate support. This includes detailed "what matters" conversations and proactive prioritisation of need.

4.9 Many practitioners describe a strong preventative ethos across services, with a clear focus on enabling independence through reablement, advice, equipment and strengths-based practice. Reablement, including the START service, and integrated working between social care and therapy services support people to remain at home and reduce escalation of need. Practitioners report that increased capacity and improved oversight within START have contributed to improved flow through services and more effective support for hospital discharge. Preventative interventions contribute to improved stability and reduced hospital admissions.

4.10 There is a reduction in the number of people waiting for assessment and a decrease in those experiencing extended waiting times. This reflects improved

flow through front-door and assessment pathways, supported by increased reablement capacity and effective triage. Reduced waiting times support earlier access to intervention and prevent escalation of need. While assessments are increasingly timely, reviews are taking place but are not consistently reflected in updated care and support plans or evidence of progress for people.

4.11 Assistive technology is being used to support hospital discharge, manage risk and promote independence, with people and families reporting positive experiences where solutions are in place. Activity data demonstrates growth in referrals and uptake, reflecting increased awareness and confidence among practitioners. **This is positive practice.** However, evidence of consistent impact on outcomes for people and reduction in demand on formal services is still developing, with a continued need to strengthen evaluation of preventative benefits.

Areas for Improvement

4.12 Despite an improved preventative model and stronger early intervention offer, timely access to preventative and community-based support is not yet consistent. Assessment waiting times have improved significantly, but capacity pressures remain in some pathways, including reablement, domiciliary care and longer-term support. Workforce and market capacity pressures continue to limit flexibility, choice and sustainability. Direct Payments remain an important mechanism for supporting flexible, personalised care, although evidence suggests the offer and use of Direct Payments could be more consistently promoted and supported as part of wider choice and control. **The local authority should strengthen its ability to deliver timely preventative and community-based support, including through workforce and market capacity, to minimise escalation of need and improve outcomes for people.**

4.13 The local authority is not yet consistently able to demonstrate the impact of its preventative work on outcomes for people. While services such as reablement, assistive technology and community-based support continue to develop, arrangements to measure and evaluate effectiveness are not yet sufficiently embedded. Quality assurance such as through Quality Assurance Learning Group activity provides positive oversight and professional challenge, but learning is not systematically captured, shared or embedded, and its influence on frontline practice is variable. **The local authority should ensure it has an effective, fully embedded and consistently applied quality assurance framework, providing robust oversight and enabling data and learning to evidence impact and drive sustained improvements in practice and outcomes.**

Well-being – we asked:

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

- How effectively does Adult Services recognise and respond to risks to people's well-being, including the quality and timeliness of professional judgement, recording and management oversight, and the effectiveness of working effectively at the interface with safeguarding services to ensure concerns about harm are appropriately identified, escalated and progressed in line with agreed multi-agency safeguarding arrangements.

Strengths

4.14 Practitioners engage well with adults at risk, with people's views informing safeguarding responses and contributing to a better understanding of risk. This reflects a person-centred approach which supports safe and proportionate practice.

4.15 There is evidence that section 126 enquiries are responded to in a timely manner, with 92% of enquiries progressing within prescribed timescales during 2025/26. This indicates a positive level of safeguarding responsiveness from the point of referral, supported by timely initiation and conclusion of enquiries.

4.16 Safeguarding management capacity has been enhanced. Safeguarding managers have responded positively to inspection findings identifying areas requiring further development, including inconsistencies in threshold application, recording, and decision-making. Leaders have developed a clear understanding of these issues and are proactively addressing them through revised guidance, strengthened quality assurance arrangements, and targeted workforce development. Their willingness to critically reflect on practice, respond constructively to challenge, and implement responsive changes demonstrates a positive learning culture and a commitment to strengthening safeguarding outcomes. However further workforce development is required to ensure practice is applied consistently across the service.

Areas for Improvement

4.17 Safeguarding practice is not consistently supported by robust written analysis, clear recording and explicit application of statutory procedures. There is variability in how the Wales Safeguarding Procedures are applied in practice, including the rationale for section 126 decisions. Analysis must demonstrate whether people are able or unable to protect themselves from abuse or neglect

due to their care and support needs, including consideration of coercion or cumulative harm where relevant. Safeguarding determinations are not consistently clearly recorded with explicit rationale. This limits assurance that safeguarding decisions are consistently evidence-based, defensible and compliant with statutory requirements. **The local authority must ensure safeguarding practice is consistently supported by robust written analysis, clear recording and explicit application of the Wales Safeguarding Procedures, including clear rationale for decisions and outcomes.**

4.18 Contingency planning remains largely absent within assessments, care and support planning and safeguarding practice. Additionally, professional curiosity is not consistently evident limiting evidence that potential risks, changes in need or breakdowns in support are proactively identified and planned for, reducing assurance that people are protected from harm or escalating risk. **The local authority must ensure contingency planning and professional curiosity is embedded in assessments, care and support planning and safeguarding practice, with clear and actionable plans to respond to changes in people's circumstances.**

Partnership – we asked:

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

- How effectively does the local authority assure itself that partnership working operates in practice at an operational and strategic level, including clarity of roles and responsibilities, information-sharing, joint decision-making and escalation, such that people experience coordinated, timely and seamless responses across organisational boundaries so that people experience coordinated, timely and seamless responses, supported by robust governance and oversight.

Strengths

4.19 Strategic partnership arrangements are well established, with strong relationships supporting effective collaboration at strategic and operational levels. In many areas, integration between health and social care enables coordinated service delivery. Most stakeholders surveyed understood their roles and responsibilities (94%), and many reported effective partnership working (78%). Despite these strengths, stakeholders reported fewer positive experiences of collaboration in service development (56%), and ongoing coordination challenges continue to affect the reliability and timeliness of support, particularly around hospital discharge. Information sharing between

partners is not always consistent or timely, which can affect the coordination and effectiveness of support.

4.20 There are consistent examples of effective multi-agency working in practice, supporting coordinated and responsive interventions. Operational approaches such as multi-disciplinary discussions, joint visits and community-based panels enable shared problem solving and timely responses, with little need for escalation. Practitioners report particularly strong collaboration with Housing, Health and Third sector partners in complex situations. This is reflected in survey findings, where a majority of practitioners (81%) report effective partnership working. However, involvement in service development (67%), indicates that the benefits of partnership working are not consistently experienced across all areas of the system.

4.21 Strategic partnership arrangements are well established, with strong relationships supporting effective day-to-day collaboration at both strategic and operational levels. There is evidence of a clearer commissioning direction and understanding of system pressures. However, within a challenging context of sustained demand, workforce pressures and market constraints, service delivery is not yet consistently providing coordinated, person-centred support, with variability in planning, engagement and oversight affecting service availability, choice and outcomes for some people.

Areas for Improvement

4.22 Partnership working with Health, particularly in relation to hospital discharge, has continued to strengthen, with improved relationships supporting effective collaborative working. However, the follow-through of agreed multi-agency actions is not yet consistently reliable, particularly in relation to hospital discharge. There is variation in how plans are implemented in practice, which affects the timeliness and effectiveness of support for people. **The local authority should ensure agreed multi-agency actions, particularly in relation to hospital discharge, are consistently implemented and followed through to improve the timeliness and effectiveness of support for people.**

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 people through review and tracking of their social care record. We reviewed 40 social care records and tracked four.
- 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 interviews with seven people receiving services and/or their carer.
- We also spoke with 16 carers during an engagement event and four returned surveys.
- We engaged, through interviews with 42 local authority employees and elected members (this included social workers, team managers, operational managers, head(s) of service, direct of social services).
- Through surveys we gathered the experiences of 63 practitioners and 18 stakeholders

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

8. Acknowledgements

CIW would like to thank practitioners, 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%