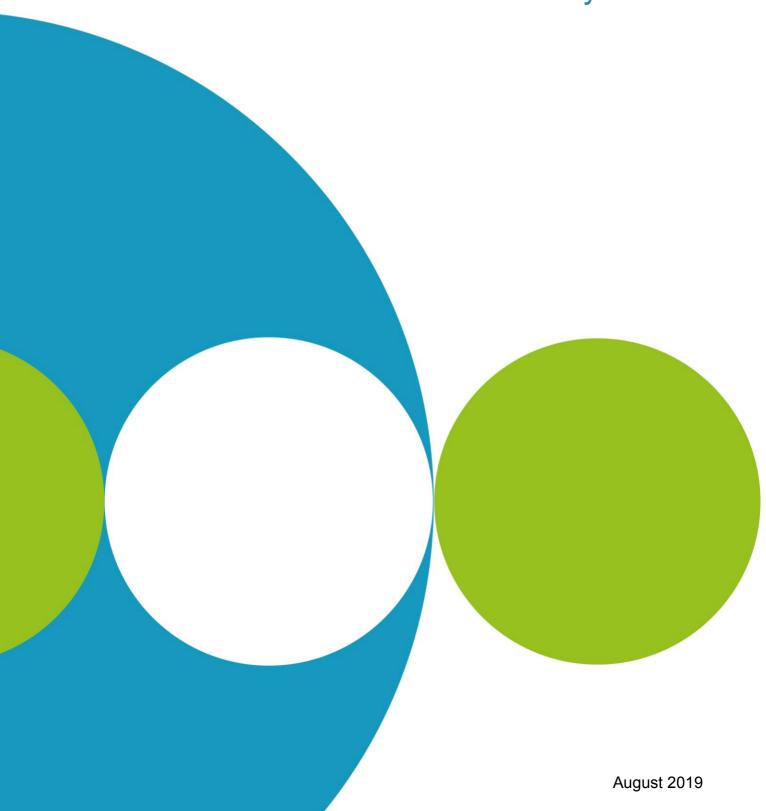# Inspection of Older Adults Services
Monmouthshire County Council

August 2019

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

Contents

Background

The Social Services and Well-being (Wales) Act 2014 (SSWBA) has been in force for almost three years. The Act is the legal framework that brings together and modernises social services' law in Wales.

The Act, while being a huge challenge, has been widely welcomed across the sector as a force for good, bringing substantial and considered opportunities for change at a time of increasing demand, changing expectations and reduced resources.

The Act imposes duties on local authorities, health boards and Welsh Ministers that requires them to work to promote the well-being of those who need care and support, and carers who need support.

The principles of the act are:

- Support for people who have care and support needs to achieve **well-being.**
- **People** are at the heart of the new system by giving them an equal say in the support they receive.
- **Partnership and co-operation** drives service delivery.
- Services will promote the **prevention** of escalating need and the right help is available at the right time.

Welsh Government has followed up the SSWBA with 'A Healthier Wales'. A strategic plan developed in response to a Parliamentary Review of the long term future of health and social care.

A Healthier Wales explains the ambition of bringing health and social care services together, so they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and promoting well-being. A Healthier Wales describes how a seamless whole system approach to health and social care should be co-ordinated.

Ministers have recorded the importance of having confidence and ambition in the sector to deliver results. In response, we have developed our approach to inspection with a focus on collaboration and strengths with the intention of supporting innovation and driving improvement.

This inspection is led by Care Inspectorate Wales (CIW) and delivered in collaboration with Healthcare Inspectorate Wales (HIW).

Prevention and promotion of independence for older adults (over 65) living in the community

The purpose of this inspection was to explore how well the local authority with its partners is promoting independence and preventing escalating needs for older adults. The inspection identified where progress has been made in giving effect to the SSWBA and where improvements are required.

We (CIW and HIW) focused upon the experience of older adults as they come into contact with and move through social care services up until the time they may need to enter a care home. We also considered the times when they experienced, or would have benefited from, joint working between local authority services and health board services.

We evaluated the quality of the service within the parameters of the four underpinning principles of the Social Services and Well-being Act (as listed above) and considered their application in practice at three levels:

- Individual
- Operational
- Strategic

We are always mindful of expectations as outlined in the SSWBA codes of practice:

- 'What matters' – outcome focused
- Impact –focus on outcome not process
- Rights based approach
- Mental Capacity Assessments
- Control – relationships
- Timely
- Accessible
- Proportionate – sustainability
- Strengths based

- Preventative
- Well planned and managed
- Well led
- Efficient and effective / Prudent healthcare
- Positive risk and defensible practice
- The combination of evidence-based practice grounded in knowledge, with finely balanced professional judgement

Strengths and priorities for improvement

CIW and HIW draw the local authority and local health board's attention to strengths and areas for improvement. We expect strengths to be acknowledged, celebrated and used as opportunities upon which to build. We expect priorities for improvement to result in specific actions by the local authority and local health board to deliver improved outcomes for people in the local authority area in line with requirements of legislation and good practice guidance.

Wellbeing	
Strengths	The local authority demonstrates a collaborative, outcomes based approach, in which people are pro-actively involved in their 'what matters' conversations and subsequent decision-making. There is effective multi-agency working and staff at all levels demonstrate a long-standing commitment to, and practical understanding of, Monmouthshire County Council's specific vision for wellbeing and the promotion of independence for older adults living in the community. Relationship building and communication with people is prioritised; decision-making is effectively devolved and people are supported to make meaningful choices.
Priorities for improvement	Improve the recording of 'what matters' conversations so that specific personal outcomes are more fully reflected and subsequently acted upon. Less experienced staff would benefit from increased guidance and support. There is a need to actively monitor the experience and skill mix across the integrated community-based teams. Approaches to the formal supervision of staff, allocation of workloads, and the quality assurance of care management work are in need of more prescribed management procedures and oversight. There is a need to improve the timeliness of domiciliary support to ensure people achieve their personal outcomes.
People – voice and choice	
Strengths	Good quality, strength-based assessments are outcome – focused, and reflect people's choices and wishes. They are used proportionately and in a timely way to inform decision-making.

	There is generally positive engagement between staff and managers across the integrated teams and other services; they share a good level of professionalism, knowledge and dedication. The local authority has a good track record in piloting and implementing innovative and creative approaches to integrated community based services, based upon strong co-production with people living in their local area.
Priorities for improvement	More work is required to ensure people's voice, or that of their advocate or representative is always heard and effectively represented during safeguarding processes. Workload and capacity within the safeguarding team requires improved monitoring and oversight. More timely and specific oversight and audit of safeguarding processes would help to promote a more consistent quality of service. There is a need for clearer understanding and application of procedures in relation to the status of assessments, reviews, contacts and referrals within WCCIS, to promote a consistent and effective service response. Quality assurance frameworks need further refinement, to ensure they inform future learning and development.
Partnerships, integration and co-production	
Strengths	The local authority has developed and maintained a particularly good approach to integration, with health and social care professionals working in ways focused on promoting and maintaining people's independence. Community hubs work to good effect with timely well-integrated responses and are viewed as assets by the communities they serve.
Priorities for Improvement	The work of the integrated teams and other aspects of partnership working would benefit from being underpinned by a framework of agreed protocols or other means of supporting this approach.

Prevention and early intervention	
Strengths	Monmouthshire County Council has developed a range of innovative and creative ways to work with people in finding their own solutions in preventing or delaying their need for statutory care and support. The resources invested in an extensive range of community-based services support early intervention and good outcomes for people. Staff from across health and social care share the vision and commitment to support individuals in their community. Co-location, and flexibility in who takes or retains the care management lead for individuals promote this approach.
Priorities for improvement	There is a need to ensure 'front door' Information, Advice and Assistance (IAA) arrangements are more effective, and compliant with Code of Practice - Part 2 - requirements in relation to the recording of information. The local authority should implement an effective quality assurance mechanism which enables them to review the effectiveness of their interventions, and inform how these can be improved. As the local authority has already identified, more extensive use of tele-care and other assistive technologies will assist people in achieving greater levels of independence.

1. Wellbeing

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Findings:

Older adults can be confident the local authority listens to them and takes into account what is important to them in assessing and meeting their well-being outcomes. However, improvements could be made to ensure specific personal outcomes are more clearly and consistently defined and detailed in documentation. Carers cannot be as confident their well-being outcomes are considered to the same extent, or always reflected in the support they are offered.

People experience and benefit from supportive relationships with multi-disciplinary teams working effectively and often creatively to meet a range of identified needs. This support is facilitated by a range of co-located professionals, who actively seek to co-produce services in conjunction with people.

Senior managers and elected members demonstrate a long-standing commitment to, and practical understanding of, Monmouthshire County Council's vision for the maintenance and promotion of wellbeing for older adults living in the community. Staff working for Monmouthshire County Council feel supported, and there are good opportunities for training and professional development. More experienced staff feel confident with the high level of autonomy within which they work. Less experienced staff would benefit from increased guidance and support, and there is an ongoing need to monitor the experience and skill mix across the integrated community-based teams.

Approaches to formal supervision of staff, oversight and quality assurance were heavily dependent upon individual manager or team approaches, and lacked a cohesive underpinning framework. These include the allocation of work and oversight of aspects of care management documentation.

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Evidence at the individual level:

1.1. People can be confident they will be listened to and are able to influence decisions made about the support they receive. Monmouthshire County Council invests considerable energy and resource to good effect in getting to know people as individuals.

1.2. We found detailed 'what matters' conversations in files we reviewed and people spoken to confirmed their views were actively sought and listened to. Assessments reviewed were strengths based, and written in person-centred language which reflected the individual's views and wishes. A person who responded to our carers survey said "*All staff have been very supportive and*

helpful and have respected both myself and family member who needs ongoing care; especially the social worker".

1.3.   A person we spoke to with a full package of care to support their needs was very positive about the excellent relationships developed with direct care staff. Timely input from an occupational therapy (OT) technician had enabled them to address a particularly significant outcome they had identified in relation to their personal care. This assessment was strengths based and written in the first person. The person clearly understood the range of identified outcomes when asked about this, and was fully aware of what their plan of care entailed. Another person had been supported to continue with their volunteering work after recovering from an operation, which was clearly important to them.

1.4.   Comprehensive assessments frequently included detail about personal circumstances, personality, preferences and interests well described. Staff were frequently able to talk in detail and with evident commitment about the people they were supporting, and their individual character, wishes and needs.

1.5.   We found completion of documentation in relation to individualised outcomes by practitioners was inconsistent. Holistic outcomes were frequently identified, but they were not routinely translated into individualised personal outcome goals, against which progress could be specifically monitored and reviewed. Focus on one generic outcome means opportunities to focus on a wider range of personalised outcomes, reflecting more specifically what people want are lost.

1.6.   Practice in relation to the sharing of documentation was varied and people cannot be assured they will be offered a copy of their assessment, care planning, and review records in a timely manner.

1.7.   We saw in peoples' files practice in relation to the offering and undertaking of carers' assessments was also varied. Whilst we saw examples of good practice, we also found some opportunities to support carers were missed, and the personal outcomes they wanted to achieve not routinely recorded.

1.8.   People cannot be confident what matters to them will routinely be captured in hospital settings and shared with social services staff. Whilst we saw the 'what matters' assessment template completed by health staff, sometimes we saw this being used as a vehicle for recording the practitioner's view as to what should happen next, rather than a means of capturing the outcomes the person wanted to achieve.

Evidence at operational level:

1.9. We observed good practice in a cluster meeting where individual circumstances of people were shared to ensure good communication within a team of in house carers. This reflected a person centred, outcome focused service, which promoted continuity of care.

1.10. People receiving services from housing can expect a robust and timely assessment which looks at their holistic needs. We found supported housing officers maintain a non-judgmental culture and attitude when working with people, some of whom were frequently referred to their service. Each referral or request for help was treated as a new one, with fresh consideration of the issues reflecting a commitment to keep trying to support people and taking changing circumstances into account.

1.11. Monmouthshire County Council staff told us they enjoyed working in a positive 'let's give it a try' culture, and they were fully consulted about proposed changes. They valued the embedded approach to multi-disciplinary working, and we heard about good opportunities for professional development and progression.

1.12. More experienced staff liked the high levels of autonomy and decision-making with which they were trusted. Newly qualified social work staff told us they were supported in consolidating their learning.

1.13. We found less experienced staff were not as confident in some aspects of their decision-making, and some told us they would benefit from greater levels of initial training in MCC's SSWBA related procedures and subsequent formal monitoring and support from managers. The local authority identified awareness and training in the SSWBA for new staff as an area for further development in its self-evaluation completed in advance of our inspection.

1.14. Staff spoken to said they received regular supervision, and many referenced fortnightly practice learning groups. We saw a guide for the structure of supervision sessions for OTs but not for social workers. Supervision notes varied across different teams and managers within social services. Some evidenced discussion about the worker's welfare, but others only had records of discussion about people's care management arrangements, and did not reference the staff members own wellbeing. Supervision arrangements and recordings for agency staff lacked consistency.

1.15. Some staff spoken to raised concerns about workload pressures, and said they would benefit from increased support with written guidance and management support. The levels of experience and expertise varied

considerably across teams, and there is a need to actively monitor and where necessary adjust, the capacity and skill-mix across the community-based teams.

1.16. Arrangements for the allocation and monitoring of workloads across and within teams were unclear. Similarly, there were no consistently applied procedures for the authorisation and completion of assessments and reviews as distinct elements of the care planning and management process.

1.17. In reviewing file records we acknowledge there are positives in the quality of assessments and reviews being treated as live and 'organic'. We found new allocations to individual caseloads being 'negotiated' taking into account previous knowledge and other factors. However these procedures would benefit from some more formal oversight. This will help to ensure people are not left waiting longer than they should for a service, and the allocation of workloads is as equitable as possible.

1.18. Monmouthshire County Council operate a robust system of complaints management and investigation. Very few escalate to the more formal stage of the process. We found effective connections between the findings of complaints, action planning in response, and structured pathways for feedback to senior management.

Evidence at strategic level:

1.19. Senior managers and elected members demonstrated a long-standing commitment to and practical understanding of, Monmouthshire County Council's vision for prevention and the promotion of independence for older adults living in the community. Colleagues in housing were able to demonstrate links to the work of social services and the direct impact of their roles on outcomes for people.

1.20. The introduction of agile working had enabled staff to make better use of their time and resources, and work more flexibly in line with the needs of the people they are supporting.

1.21. More effective implementation of 'what matters' conversations in hospital settings could be further informed and supported through joint learning between health and social care staff in the principles underpinning the SSWBA and its practical applications. The lack of an integrated IT system did not assist staff in facilitating communication flows.

1.22. We saw evidence of some audits being undertaken, for example annual reflective reviews of the community-based hubs offering rehabilitation and

respite care for people. However, ongoing quality assurance measures currently rely heavily on individual managerial approaches. Whilst acknowledging the value of telling people's stories and individual outcomes, we did not find evidence of an underpinning systematic audit framework enabling senior managers to have a clear line of sight on demand, quality and workflow. This means the local authority cannot be assured resources are being used effectively, and personal individual outcomes are being consistently delivered across the service.

1.23. Senior managers were confident the capacity issues currently being experienced in domiciliary support services in particular locations within the local authority would be eased by moving independent providers onto the 'Turning the World Upside Down' model. This relationship-orientated approach has been established for some time in the local authority's own in-house service, and timely rollout of this to the independent sector will be key to easing current pressures and improving individual outcomes.

2. People – voice and choice

> **Findings:** People can expect to be offered robust 'what matters' conversations, and people who lack mental capacity can be confident assessments and best interest decisions ensure their voices are heard. In line with our findings, the local authority acknowledges in its self-evaluation limited availability of advocacy, outside mental health services.
>
> People cannot routinely expect to be offered direct payments to enable them to have choice over their own care and support. The lack of domiciliary support services mean people cannot be confident they will have choice and receive a timely and proportionate response.
>
> People cannot always be sure their voice, or that of their advocate or representative will be heard and effectively represented during safeguarding processes. Timely and specific oversight and audit of safeguarding processes would help to ensure a more consistent quality of service delivery.
>
> There is positive engagement between staff and managers; they share a good level of professionalism, knowledge and dedication. Workload and capacity within the safeguarding team requires more effective monitoring and oversight.
>
> Monmouthshire County Council have a good track record in piloting and implementing innovative and creative approaches to integrated community based services, based upon strong co-production with people living in their local area.

Evidence at individual level:

2.1.   'What matters' conversations were recorded within assessments we reviewed. In relation to most of these records reviewed, these were detailed, included first person dialogue, and in some instances included quotes recorded from people directly. People at one of the community hubs told us how positive their support is, and they felt listened to.

2.2.   Follow up support appears to be timely based on the file records reviewed, and from what people who received care and support told us. We found services were responsive, person centred and solution focused. Too often however, outcomes were expressed in very broad terms – most frequently couched as '*to live independently'*. These would be significantly improved by including more personal outcomes, individually tailored to reflect their specific circumstances, needs and wishes.

2.3.   From reviewing responses to safeguarding referrals we found people's views and wishes were acted upon, and people were able to decide what action was needed to keep them safe. We found evidence of comprehensive risk

assessments, and information and advice had been provided to people on where and how to seek further help and support should they need it.

2.4. However, we found some file records which followed a safeguarding pathway did not include the views of key family members. In one example we reviewed, an individual who needed support for their voice to be heard as part of the safeguarding process was not offered advocacy.

2.5. Through their own audit processes, the local authority have identified the need to ensure all key professionals are involved in strategy discussions and enquiries. This should be broadened to include key family and friends as appropriate, taking into account the informed consent of the individual concerned.

2.6. The voice of informal advocates was recognised in the file records we reviewed, but this was not always given sufficient prominence. This means assessments were not always holistic and were at risk of omitting important information and not fully recognising the role of key family and friends in promoting an individual's independence.

2.7. People who lack mental capacity can be confident independent, paid advocacy is offered and their contribution is evidenced in best interest decisions.

Evidence at operational level:

2.8. Monmouthshire County Council have invested heavily in dementia orientated training for their staff, and have trialled a new approach to care planning, focusing on relationship-based care. We saw outcome focused service delivery embedded in practice within the community-based teams. This approach was substantiated by people we spoke to, and in the documentation we reviewed, aligned to reflect the needs of individuals.

2.9. We saw mental capacity assessments being used appropriately where there were concerns about the person being able to make decisions at crucial times of their lives. File records reviewed held good detail, and included an appropriate range of questions and approach. Best interest meetings were held when a decision was required to meet people's needs. Minutes of these best-interest meetings reflected a sensitive approach and evidenced the views of family members and others were included as appropriate.

2.10. The majority of social workers spoken to were trained best interest assessors, and were confident in undertaking this aspect of their role. Through our discussions with them we heard, and in file records we saw a robust

understanding in adult services of the need to balance protection with the rights of the adult. Mental capacity assessments were undertaken to a good standard. The knowledge and skills to undertake these assessments to a high standard were evident in the service.

2.11. We found the approach to carers' assessments was varied. In some instances carers' needs had been recognised, with repeat assessments being undertaken and implemented where requested. However, in other instances, we read in files that outcomes were very service-led, with little or no exploration of wider personal outcomes, informed by a 'what matters' conversation. People cannot be confident carers assessments will be routinely offered and undertaken in line with the expectations set out in SSWBA.

2.12. We found staff were aware of direct payments but did not give this a high priority. We heard the overall trend in recent months had been declining, and in some areas there was a shortage of identified personal assistants to provide care and support. This meant the full range of options for people and their carers to meet their outcomes may not be fully explored with them.

2.13. We heard from staff in the safeguarding team of issues in respect of high workloads, and an inability to focus on prevention work and awareness raising with partner agencies. There was also lack of clarity across the integrated teams about the role of the lead practitioner in overseeing and coordinating elements of the safeguarding process.

2.14. We learned social workers and other staff with care management oversight did not routinely have access to safeguarding records within the management database (known as FLO). Therefore they were not always aware of potentially significant information which may inform decision making. The rational for this was unclear; we were informed this would change with the forthcoming introduction of the Welsh Community Care Information System (WCCIS). The local authority should ensure this is addressed as soon as possible to ensure decision-making is based on awareness of all significant information.

Evidence at strategic level:

2.15. People told us they had been actively involved in the design and delivery of services, especially those delivered in their own community area. This confirmed our finding that the local authority has a good track record in piloting and implementing innovative and creative approaches to integrated community based services, based upon strong co-production with people living in their local area.

2.16. In line with our findings, the local authority acknowledges in its self-evaluation there are limited advocacy services available, outside of mental health provision. Commissioning managers indicated they are aiming to improve the development and promotion of advocacy services beyond the current spot-purchase arrangements, via a regionally-based Golden Thread Advocacy Partnership (GTAP).

3. Partnership and integration - co-operation drives service delivery

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Findings: There is a commitment to integrated working and people benefit from receiving support from staff from a range of disciplines working effectively together in people's best interests. People can expect to have their strengths and abilities considered as positive resources upon which to draw in determining next steps with social workers and other professionals.

Much of the positive community-based approach is paralleled in the secure estate, where a range of professionals, supported by 'buddies' recruited from within the prison, work collectively to ascertain and meet the needs of prisoners, in much the same way as services are provided to older adults living in the community.
The local authority and their partners effectively promote community-based social enterprises, and user led services. We saw some excellent examples of these in practice.

Monmouthshire County Council and Aneurin Bevan University Health Board (ABUHB) have a proactive approach to partnership working, underpinned by an Integrated Services Partnership Board. Jointly funded posts operate across operational and strategic functions, facilitating the effective implementation of longer term plans.

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Evidence at individual level:

3.1. People told us their overall experiences of services were quite seamless, and they thought staff from the various professions supporting them worked well together. A person who responded to our carers survey told us: *"Living alone social services and health have given me the confidence to ask for help when I need it and give me the help to carry on my life style as I would wish keeping me reasonably active".*

3.2. We saw some good examples of collaborative working across the various health and social care disciplines. In one instance a person had initially received physiotherapy in hospital, and then benefitted from close cooperation between the OTs in the integrated team, staff in the District General Hospital and community hospital staff. This meant they continued to receive frequent OT visits and assessments to facilitate a return home from the local rehabilitation unit.

3.3. We saw community-based integrated teams of health and social care personnel, who have been co-located for some time, worked well together.

3.4. Community hubs are a base for a range of services, including integrated locality-based social service teams, day services, memory clinics, district nursing, hospice nurses, OT services, and respite and rehabilitation beds, together with a wide variety of community groups.

3.5. People told us they valued continuity of support and we saw instances where this was promoted. For example, a hospital-based OT continuing the care–management role for someone after they had left hospital due to the quality of their relationship and because it was short term support.

3.6. Conversely, we heard about challenges in maintaining service delivery across the authority, particularly in the independent domiciliary support sector. This impacted on people whose care was delayed due to lack of options for them to move onto for example after discharge from hospital. This also affected some people who were unable to access reablement in a timely manner. In a small number of instances we heard these delays were for considerable amounts of time.

Evidence at operational level:

3.7. People are frequently involved in the development of locally designed social enterprises, facilitated by the local authority community well-being and enterprise officers. We heard about some good examples of these including a laundry and café. The local authority work in close association with the Gwent Association of Voluntary Organisations (GAVO), with the aim of enabling the setting up of community groups to go on to become self-sustaining.

3.8. We also heard about the 'care navigation' initiative which involves delivering training in partnership with public health to receptionists in GP surgeries. They then advise individuals on community-based alternatives to primary care.

3.9. We saw Community Connectors, managed by the third sector to provide support in defined localities, are an increasingly integral element in the provision of individually tailored support.

3.10. We observed a meeting of domiciliary support staff working in one locality and witnessed excellent examples of information sharing and group communication aimed at promoting consistency for people. We also observed a multi-disciplinary hub meeting, where individual circumstances are discussed, with the aim of exploring the best way forward.

3.11. Much of this positive community-based approach was paralleled in HMP Usk where we observed a social worker, a physiotherapist and an OT worked

collectively to ascertain and meet the needs of prisoners. A particularly positive feature of this service is the 'buddy' group of prisoners, who have been recruited to assist and support those in receipt of care and support; this does not include personal care. Individuals spoken to confirmed their awareness of the 'what matters' conversation and person–centred care, which had been covered as part of their induction to the 'buddy' role. Many of the people involved are no longer of an age or deemed fit to work and therefore there is an emphasis on providing suitable activities within an environment which aims to promote social inclusion and well-being. They were able to participate in a range of activities, organised in line with the interests and wishes of the group.

3.12. Independent providers of domiciliary support were generally positive about their relationships with and working for Monmouthshire County Council. They told us of good arrangements for the exchanging of information, and of a person-centred approach to the planning and delivery of individual packages of care. In line with our findings, the exception to this positive picture was in relation to reviews of care and support plans where changes of individual circumstances could take some time to be formalised by the local authority.

3.13. We heard from managers that that whilst there are initiatives in place to assist with transport for people getting to and from range of activities, there remain considerable challenges in some of the more rural localities. Monmouthshire County Council continues to explore means of addressing these shortfalls.

Evidence at strategic level:

3.14. Monmouthshire County Council and ABUHB have a proactive approach to partnership working, underpinned by an Integrated Services Partnership Board. Jointly funded posts function at both operational and strategic levels, facilitating the effective implementation of longer term plans.

3.15. The Gwent-wide Regional Partnership Board is supported by a transformation team. Transformation monies have recently been utilised to develop a regional 'Home first' model, whereby OTs and social workers work collectively in acute hospitals to assess and where appropriate discharge people in as timely a way as possible.

3.16. Integrated teams work collaboratively to support people, with strong partnerships between a variety of disciplines and effective joint working arrangements being very apparent. This was clearly underpinned by the professionalism and dedication of the staff involved. However, it was unclear as to whether these arrangements are based on a framework of agreed protocols or other means of supporting this approach.

3.17. Similarly, the processes we heard about from managers for evaluating and monitoring the effectiveness of this approach were primarily predicated upon individual stories and outcomes. Whilst these clearly have value, there was little evidence of an integrated and systematic approach to quality assurance. This would enable the local authority to better demonstrate effectiveness and impact on a broader scale and help to more efficiently identify areas of challenge and / or unmet need.

3.18. The chair of the regional adult safeguarding board, and representatives from police and ABUHB all told us about good joint working with Monmouthshire County Council in relation to safeguarding.

4. Prevention and early intervention

Findings: The promotion of independence and early intervention in the planning and delivery of services is given a high priority by the local authority. It has developed a range of innovative and creative ways to work with people to find their own solutions, which prevent or delay the need for statutory care and support. The resources it invests provide an extensive range of community-based services which support early intervention and good outcomes for people.

Depending upon presenting need, some people can expect to receive a positive, timely, 'can do' preventative response. People cannot be confident they will always receive the same timely preventative response when they are in need of domiciliary support, access to the reablement service or a review of their care and support needs.

The local authority acknowledges its approach to and implementation of tele-care and other technologically assisted means of promoting independence is in need of further development.

There is a need to ensure 'front door' Information, Advice and Assistance (IAA) arrangements are more effective, and fully compliant with Code of Practice (Part 2) requirements in relation to the recording of information.

The timeliness of the forthcoming roll-out of the local authority's in-house approach to relationship-based home care ('Turning the World Upside Down') to the independent provider sector is key to providing a sustainable solution to the current pressures in the sector.

Evidence at individual level:

4.1. People we spoke to in activity groups confirmed the value of attending the groups to encourage and maintain their mobility and to prevent loneliness and isolation. They also told us they had timely support and arrangements were flexible in meeting their needs.

4.2. One person we reviewed with multiple health support needs had received an excellent range of support in order to promote their independence via the use of personal assistants and direct payments. The person and their family were listened to and well supported. Timely assessments reflected their changing needs, and evidenced effective working relationships between the various professionals involved. They were supported daily in relation to their personal care, medication and social activities, which included attendance at

community-based lunch clubs and therapy groups. This preventative approach had maintained the person living at home in line with their wishes.

4.3. Another person whose care records we reviewed had been supported in continuing to live with their family in line with their wishes, with the range of services provided being increased as their needs progressed. The flexible provision of respite and sitting services allowed carers to continue with this arrangement, without which it was likely they would have needed to have been admitted to residential care in order to support their increasingly complex support needs.

4.4. The completion of care and support plan reviews was not uniformly undertaken in line with statutory timescales. We saw one instance where a review was undertaken when it was overdue, and which resulted in the disclosure of financial abuse.

Evidence at operational level:

4.5. The local authority employed community well-being and enterprise development officers, working mainly at community level, effectively encouraging and coordinating the establishment of a wide range of community groups.

4.6. We found the weekly 'Community Conversation' meeting held by a range of professionals across the local authority and third sector explored the best means of providing support for individual people. Whilst current arrangements work well, more might be done to consider actively involving people themselves in this process.

4.7. We saw collocated practitioners based in the community hubs supported each other well. Their collective knowledge and skills are shared to inform decision making aimed at promoting independence and preventative interventions, especially within multi-disciplinary team meetings and allocation discussions.

4.8. Monmouthshire County Council demonstrates its commitment to promoting and supporting a wide range of informal support and activity for people. There is particular recognition given to the importance of groups and other services aimed at mitigating social isolation and loneliness.

4.9. Other innovative schemes were aimed at making people in receipt of some services aware of others they may benefit from. For instance, the local authority managed 'meals on wheels' based pilot scheme, where the expectation is for drivers delivering these services will spend at least five minutes with each person to catch up and socialise. Drivers will also be

provided with information packs and trained to signpost people to other services as and when appropriate.

4.10. There are a number of routes into the 'front door' or IAA pathway, known as Finding Individual Solutions Here (FISH). Our observations of this service confirmed 'what matters' conversations routinely take place, staff have received training in promoting collaborative conversations, and the overall approach is strengths based.

4.11. A safeguarding issue we reviewed highlighted the local authority had only very recently updated some aspects of its documentation and processes in line with SSWBA expectations. There was also one occasion where a situation had been closed prematurely, prior to all of the appropriate safeguarding procedures being completed. Whilst this outcome did not have any direct impact on the person involved, it does highlight arrangements for the monitoring and oversight of safeguarding processes are insufficiently robust. We also heard from domiciliary support providers of occasional instances of people experiencing significant delays in some stages of the safeguarding process. More effective managerial oversight would facilitate the identification and monitoring of patterns and trends within the safeguarding process, to inform future work.

4.12. We found little evidence in records reviewed, or from speaking to people and staff supporting them, of more sophisticated tele-care and other assistive technologies being utilised to promote independence. The local authority's approach to, and implementation of, technologically assisted means of promoting independence is underdeveloped.

Evidence at strategic level:

4.13. There is corporate support for effective early intervention and prevention, and a recognition that this is everyone's responsibility across Monmouthshire County Council. We saw good examples of cross cutting work, with a culture supportive of this which extends throughout the various levels, from senior managers and leaders.

4.14. The roll-out of the local authority's in-house approach to relationship-based home care (Turning the World Upside Down) to the independent provider sector is seen by senior managers as the key to providing a sustainable solution to the current pressures in the sector. Effective managerial oversight of this next phase will be critical in ensuring a timely and long-term resolution.

Method

We selected case files for tracking and review from a sample of cases. In total we reviewed 60 case files and followed up on 16 of these with interviews with social workers and family members. We spoke with people who used services.

We reviewed ten mental capacity assessments.

We interviewed a range of local authority employees, elected members, senior officers, the director of social services, the chief executive and other relevant professionals.

We administered a survey of frontline social care staff (65 responses received) and a survey of service users (17 responses received).

We reviewed eight staff supervision files and records of supervision. We looked at a sample of three complaints and related information.

We reviewed performance information and a range of relevant local authority documentation, including the local authorities' self-evaluation undertaken in advance.

We interviewed a range of senior officers from the local health board and spoke with operational staff from the local health board.

We interviewed a range of senior officers from statutory organisations and partner agencies from the third sector.

We read relevant policies and procedures.

We observed a range of in-house cluster meetings and multi-disciplinary discussions.

We visited USK prison

Welsh language

English is the main language of the local authority and the inspection was conducted accordingly. We offered translation and interpretation in co-operation with the local authority. Welsh is spoken in Monmouthshire as are a small range of other languages.

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