Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

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Care Inspectorate **Wales**

Inspection of Older Adults Services
Merthyr Tydfil County Borough Council

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Mae’r ddogfen yma hefyd ar gael yn Gymraeg.
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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 that 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 seamlessly co-ordinated.

Ministers have recorded the importance of having confidence and ambition in the sector to delivering 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 the implementation of the Act and where improvements are required.

We (CIW and HIW) focused upon the experiences 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 or receive personalised services, for example in the person's own home.

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 – MCA
- 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.

Well-being	
Strengths	People with complex needs can expect to be supported to live at home for as long as possible with a focus on promoting their independence and ensuring they receive the right service at the right time. People in hospital can expect to get a timely response from the Staywell@home initiative to help them return home.
Priorities for improvement	Managers must ensure 'what matters' conversations are fully embedded in practice to ensure specific personal outcomes people want to achieve are always identified and recorded. Managers must ensure evidence, analysis and decisions are clearly recorded in safeguarding case files. The local authority needs to assure itself it has an effective management structure to deliver on all statutory duties in the SSWBA. Develop a more cohesive quality assurance system to gather information that can be used to inform and improve practice.
People – voice and choice	
Strengths	People who lack mental capacity to make significant decisions are supported by social workers who are competent to carry out mental capacity assessments. The voice of informal advocates are regularly heard and routinely recorded. The local authority recognises it needs to improve access to formal advocacy.
Priorities for improvement	The local authority needs to ensure sufficient formal advocacy to meet statutory duties and assure itself practitioners are confident in promoting the service. The provision of direct payments must ensure people have the correct information, advice and assistance to enable them to manage their own care and support.
Partnerships, integration and co-production drives service delivery	
Strengths	Practitioners work well together to support people to enable them to live at home for as long as possible.

	Commitment to partnership working and integrated service delivery across the region is good.
Priorities for Improvement	Strengthening links between the local authority, third sector organisations, community coordinators and general practitioner support workers will improve outcome for people. Managers will want to ensure that the use of resources is maximised to address operational issues.
Prevention and early intervention	
Strengths	People have access to a range of third sector services, for example Care & Repair to support them to return home from hospital and maintain their independence. People with complex needs are supported to maintain their independence through positive risk taking and the use of assistive technology
Priorities for improvement	The local authority and the health board needs to ensure that information, advice and assistance services are more effective and compliant with Part 2 Code of Practice (general functions). Senior managers need to ensure practitioners undertaking assessments have the qualification required by the Part 3 Code of Practice (assessing the needs of individuals) and are suitably skilled, trained and qualified in undertaking assessments. The local authority needs to ensure recruitment and retention of community occupational therapists is sufficient to meet demands of the service. Health and social care managers need to ensure people have access to timely provision of equipment. The local authority needs to ensure that there are arrangement to monitor the impact of lack of transport and to put measures in place to ensure people's eligible needs are met**.**

1. Well-being

Findings: People with complex needs can expect to be supported to live at home for as long as possible with a focus on promoting their independence and ensuring they receive the right service at the right time.

People receive prompt support from a multi-disciplinary team to return home following a period in hospital. However, people cannot be confident what matters to them will routinely be captured by health practitioners and shared with social services staff. This means the focus on the outcomes the individual wants to achieve are sometimes lost.

Practitioners are not consistently looking at strengths and empowering people to contribute to achieving their own well-being with appropriate support.

Practice in relation to the offering and undertaking of carers assessments was variable. We found opportunities to support carers were missed or delayed and the personal outcomes people wanted to achieve were not routinely recorded.

People who require safeguarding are not always given the opportunity to express their views, wishes and choice. This means the local authority cannot be confident people are supported to manage risk.

Practice in relation to quality improvement, assurance and review was inconsistent. Formal supervision was infrequent and did not provide assurance that there are suitable mechanisms for oversight of delivery within the local authority.

Individual level:

1.1 People with complex needs can expect to be supported to live at home for as long as possible with a focus on promoting their independence and ensuring they receive the right service at the right time.

1.2 A service user who responded to our survey told us of the lack of contact with social services practitioners during discharge planning. One person told us "*when I was released from hospital, a full package of care was put in place without any information to me about what that would entail.* "

1.3 Carers cannot be confident that opportunities to provide them with support will be recognised. This means some carers may not get support to maintain their well-being and enable them to continue in their caring role.

1.4 People cannot be confident safeguarding practice will always focus upon the outcomes the person would like to achieve. Practitioners focused on the

safeguarding process as opposed to a person centred approach. This was discussed with managers as an issue to be addressed under quality assurance.

Operational level:

1.5 We saw some good evidence of timely, outcome focused assessments. It was evident from speaking with practitioners that services to meet individual need is the primary focus, which extends to supporting people with complex needs to stay at home.

1.6 People receive prompt support from a multi-disciplinary team to return home following a period in hospital. However, people cannot be confident 'what matters' to them will routinely be captured by health practitioners and shared with social services staff.

1.7 We found assessments competed by health practitioners contained insufficient evidence of exploration of resources available in wider family and the community.

1.8 We found some care and support plans did not maximise the use of resources and could be to the detriment of people needing support or being discharged from hospital.

1.9 The quality of information contained within assessments and care and support plans was variable between local authority teams. Some were strengths based, focusing on what matters to the person and the outcome they wished to achieve. Those that were strengths based, were structured around the five elements of assessment and the product of a conversation between the individual and the worker. Many of the assessments were traditional; focussing on needs, process and services.

1.10 Discussions with some practitioners revealed that providing a service was their focus and that the lack of available/appropriate services frustrated them. We found many of the practitioners undertaking the proportionate assessments did not routinely consider what people and their communities could contribute to achieving their well-being outcomes. Some social care practitioners did involve wider family, community and carers but did not consistently recognise and explore the individual's potential to contribute to their own care and support plan.

1.11 Practice in relation to the offering and undertaking of carers assessments was variable across health and social care settings. Some opportunities to support carers were missed or delayed and the personal outcomes the individual wanted to achieve not routinely recorded.

1.12 We heard how domiciliary care packages are commissioned in 15 minute sections. Independent domiciliary care agencies and practitioners who responded to our staff survey raised concerns about the volume of 15 minutes calls being commissioned. During case file audit we saw people were receiving 15 minute calls which included visits for personal care. The local authority needs to assure itself all domiciliary support commissioned upholds dignity, respect and well-being of all people.

1.13 Review of case files and discussions with practitioners did not provide assurance of a timely and proportionate response to safeguarding reports. We heard how staffing capacity had impacted on the local authority's ability to complete all enquiries in line with the requirements of SSWBA. However, we did not find people being left unsafe and saw evidence of good contingency planning and risk management.

1.14 Voices and wishes of adults at risk were not routinely embedded within the safeguarding documentation we reviewed. Records reviewed identified a lack of evidence, analysis and decision making. In some cases we found a focus on safeguarding process, and specifically an emphasis on whether a strategy meeting is needed took precedent over whether the individual is an adult at risk in need of safeguarding. Managers must ensure focus remains on safeguarding the individual at risk.

1.15 Practitioners told us about positive peer support and many described their managers as approachable and supportive. During individual interviews with practitioners and groups, some practitioners told us they received regular, structured supervision. We saw supervision files contained a strong focus on supporting practitioners with their work, professional practice and development. We found supervision could be improved by introducing a clear focus on practitioners being effectively supported to reflect upon what matters to people they support and the outcomes they want to achieve.

1.16 We reviewed records of supervision across the service. We found that many practitioners had not received any form of formal supervision for extended periods. Some practitioners told us they were reliant on informal supervision and an 'open door' approach. This inconsistency of staff supervision was borne out by our review of staff supervision records from across the service.

1.17 We saw some evidence of the corporate focus on performance appraisal scheme being implemented but this practice was not embedded in practice across the service.

1.18 Practitioners told us that information about training programmes was regularly communicated. Some practitioners were positive about availability and

accessibility of training and others told us of difficulties in accessing appropriate training. Many practitioners told us they did not always have time to attend training due to workload.

1.19 In preparation for the implementation of SSWBA we heard how the local authority trained a number of managers who then cascaded the training to front line staff. However, a small number of practitioners reported they had not received any training in relation to the SSWBA. Managers must assure themselves that suitable numbers of staff are trained to support the quality of service and professional development.

1.20 Quality assurance and management oversight of assessment and care and support plans was inconsistent. Similarly, we found a lack of policy, procedures and guidance to support practitioners to undertake their roles. Routine quality assurance arrangements are not embedded into core business. Case file audits regarding safeguarding, were not used to identify themes and drive improvements.

Strategic level:

1.21 Senior managers clearly understood the SSWBA and the operational model for adult services. They were aware of their responsibilities, and were able to demonstrate a culture that focused on 'what matters' to people and supporting them to remain at home often with complex needs.

1.22 We were told that due to the lack of management capacity the key tasks of ensuring the effective use of resources to deliver positive outcomes for people are not being delivered. As an initial response, the local authority intends to employ a senior practitioner to strengthen this area of work until the end of March 2020. The local authority must ensure there is sufficient management capacity within the service to deliver on statutory duties.

1.23 Senior managers are working in partnership across the organisation. One example of the effectiveness of this partnership is a recognition of the importance of accessible housing to the well-being of older adults. The local authority is currently developing an accommodation strategy which includes broadening availability of accommodation options by further development of the extra care housing scheme and plans to revise how sheltered housing is utilised.

2. People – voice and choice

Findings: Most mental capacity assessments were undertaken to a good standard and demonstrated verbatim recording of questions asked and the responses people provided.

Social workers recognise people's rights to make their own decisions, the importance of positive risk taking is understood and well managed.

We were not assured opportunities to promote prevention and early intervention are efficiently maximised. This is because people contacting the service were not routinely given the opportunity to explain what matters to them, to explore options and to find the right information and assistance to achieve their personal outcomes.

Practitioners, GPs and third sector partners have insufficient access to up to date information about community resources to support people to maintain their own well-being in the community.

Some people were usefully supported by informal advocates. People without informal advocates were not always supported to enable them to participate in important decisions that may impact upon their well-being.

Individual level:

2.1 People with complex needs can expect their assessment takes account of their capacity to engage and makes arrangements when this is impaired. Peoples' needs and wishes are understood and taken into account. People can expect to be involved in the best interest decisions at a level that is appropriate to their level of understanding.

2.2 People cannot always expect practitioners will support them to identify the personal outcomes they want to achieve. However we did find some good examples; "I want to have a bath every morning" and a practitioner recognised the importance of a person's two dogs and the efforts she made to find a care home willing to accommodate the dogs.

Operational level:

2.3 The mental capacity assessments we reviewed were mostly undertaken to a good standard and demonstrated verbatim recording of questions asked and the responses people provided. We saw evidence of practitioners having the required knowledge and skills to undertake these assessments to a high standard.

2.4 The importance of positive risk taking is understood and well managed. We saw evidence of social workers working effectively with other professionals to support individuals who were considered to be making unwise decisions but had capacity to do so.

2.5 We were not assured opportunities to promote prevention and early intervention are being efficiently maximised. People contacting the service were not routinely given the opportunity to explain what matters to them, to explore options and to find the right help to achieve their personal outcomes.

2.6 In one case a carer seeking a period of respite was advised the consent of the cared for person was required, and the conversation ended. When the carer phoned again further information was gathered about the person with advanced dementia being cared for and suitable arrangements were made to support them.

2.7 We saw evidence in case files of people supported by informal advocates to participate in decisions that affect them. Some practitioners were aware of arrangements to commission formal advocacy whilst others were not. We are not assured people are always supported to enable them to participate in decisions that affect them. In line with our findings the local authority acknowledges in its self-evaluation that there are limited advocacy services available and recognises the need to improve access to formal advocacy.

2.8 The local authority promotes DEWIS on its website, however it is not routinely used by practitioners. Some practitioners told us they were not confident in their knowledge of community resources to be able to support people to access them. The impact of limited staff confidence and knowledge about wider community resources reduces the ability of staff signposting people at an early stage or supporting them to access services that prevent their needs escalating.

2.9 We saw some good examples of direct payments enabling people to create and manage their own package of care. In most of the cases we saw evidence that practitioners had offered direct payments but the take up was not high. We are not confident people receive sufficient information and support to enable them to make an informed choice. The local authority fully acknowledged the need to develop and promote this area and are developing a direct payment policy/guidance.

2.10 We were told people were able to communicate in their preferred language. There was evidence in case records of the ‘active offer’ being made. When we visited the extra care housing scheme one person who was a Welsh speaker told us they were given the choice of speaking to a professional in Welsh and receiving documentation in Welsh, when this was their wish.

2.11 Compliments and complaints are managed corporately by the complaints officer accountable to the head of the legal department. The complaints officer receives advice as required from the All Wales Social Services Complaints Officers group. Very few of the complaints received are from older adults. We saw evidence that complaints were dealt with in prescribed timescales unless an extension was agreed. We were told very few complaints progressed to a formal stage2.There is no process for sharing the outcome of complaints with adult services and no evidence of any focus on learning from the complaints. The local authority should ensure that learning from complaints is shared and drives improvements in service delivery.

Strategic level:

2.12 People's views are sought during the planning and reconfiguration of services. Evidence to support this finding, arises from how the local authority and Cwm Taf Morgannwg University Health Board [CTMUB] commissioned Dementia Care Matters to undertake a strategic review of day services for people with dementia. We were informed of stakeholder engagement sessions which included group focus meetings and structured telephone conversations with families and friends. This included feedback from stakeholders including staff and representatives from 3rd sector.

2.13 We heard how CTMUB partnership engaged with people who are living with dementia, their families and carers and with organisations and staff in order to identify key issues and priorities they want to address in the regional dementia action plan 2019 - 2022.

2.14 There is a Statement of Intent for Carers and Carers Action Plan 2019 – 2020 developed by partners regionally in response to Welsh Government funding. The statement recognises the importance of carers having their voices heard.

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

Findings: Practitioners who are co-located communicate well and work together to ensure people do not need to repeat their stories.

Some practitioners work in partnership with people in securing their well-being and working with people to prevent the development of people's needs for care and support.

The local authority has made progress in developing partnership working with the health board. We heard about a number of initiatives designed to make the best use of resources and promote well-being by avoiding or shortening hospital stays.

Many assessments undertaken in hospital by health practitioners identify the need for domiciliary care that is not needed.

Individual level:

3.1 We saw some evidence of practitioners developing a professional working relationship with people built upon co-operation and a shared understanding of what matters.

3.2 People can be confident practitioners communicate well and work together to ensure people stories do not need to be repeated.

Operational level:

3.3 We found effective joint working between the local authority, partner organisations and other stakeholders to develop its approach to delivering seamless services. An example was co-location of a range of services at Kier Hardie Health Park.

3.4 The co-location of different services and professions was viewed very positively by the practitioners we interviewed. We heard how working in partnership has improved accessibility to service and timeliness of service provision.

3.5 We heard of good working relationships with Community Psychiatric Nurses and Consultant Psychiatrist. We found most professional operational relationships were working well and providing positive benefits and outcomes for people.

3.6 Independent care providers described good working relationships with front line practitioners and contract monitoring staff. We heard how regular liaison was maintained through quarterly provider forum meetings. They told us this positive relationship helped to improve front line delivery of services.

3.7 We heard how provision is increasingly reliant on short term funding and many practitioners told us of the limited availability of 3rd sector provision and how this impacts on service delivery and sustainability of service.

3.8 We met with the community connector and General Practitioner (GP) support officers who appeared to have a good knowledge of the community resources available. We found this information is not routinely shared with social care practitioners and opportunities are missed to ensure people get the right information and advice at the right time.

3.9 The extra financial resources provided by the Integrated Care Fund has allowed the partnership to be innovative across the region. We heard of a number of initiatives designed to make the best use of resources and promote well-being by avoiding or shortening hospital stays. Staywell@home is an example of health and social care working together to prevent hospital admissions and reduce the length of stay in hospitals. The local authority should ensure they address operational issues that do not maximise the use of resources. Managers told us many of the cases identified as needing home care never require the service.

3.10 The chair of the regional safeguarding board and representatives from South Wales Police and CTMUB told us of the good working relationship with the local authority on safeguarding. We were told how the local authority demonstrates a commitment to partnership working and of its role in developing the safeguarding agenda at a regional and national level.

3.11 We saw evidence of safeguarding audits in place by the Cwm Taf Safeguarding Board. We found the local authority contribution to the audits to be timely and focused on learning. Further work is required to establish opportunities to share key messages/learning with practitioners and managers in adult services.

Strategic level:

3.12 We saw evidence of partnership working across the region and a commitment to integrated service delivery. We heard how the CTMUB Regional Partnership Board is supported by a transformation team and how transformation money will be used to develop the second phase of the Staywell@home service. The intention is to focus on the step before hospital by providing support for people in their own home and therefore avoiding the need for hospital admission.

3.13 We found senior managers from the local authority and health board were confident, knowledgeable and eager to further develop partnership working to enable a better provision of service to the community of Merthyr Tydfil.

3.14 The local authority is committed to working with neighbouring local authorities especially RCT with whom they share Deprivation of Liberty and workforce planning responsibilities.

3.15 Elected members and senior managers of the local authority and health board talked positively about the changes to the regional boundaries. We heard about some of the challenges and opportunities that came from the Bridgend County Borough area joining the partnership in April 2019. It's too early for us to make a judgement on the effectiveness and benefit of boundary changes on outcomes for people.

4. Prevention and early intervention

Findings: People have access to a range of services to support their return home from hospital and maintain their independence, including the provision of minor adaptations by Care and Repair and support services from Age Connect.

The local authority is making good use of assistive technology to help promote people's independence and enable them to remain living in their own home. People including carers are not always provided with timely advice and assistance to support them in their caring role and maintain their own well-being.

Practitioners and managers told us people were only being referred to specialist teams at a late stage when the opportunity to intervene and support people to remain in their own homes was reduced or lost altogether

The local authority understands the importance of promoting independence and limiting further dependency. Having recognised the opportunity to provide more efficient and effective services, the local authority should explore the reason and respond to the delay in the roll out of the single handed care initiative.

We heard of the delays in assessment, delivery and fitting of equipment to promote independence and how this impact on service delivery.

Individual level:

4.1 People can expect to receive support from the Medicines@home team to help them manage their medication. We saw an example of where a medication review reduced the number of times medication had to be administered and enabled the family to manage this aspect of care.

4.2 People have access to a range of services to support them to return home from hospital and maintain their independence including the provision of minor adaptations by Care and Repair and support services from Age Connect.

4.3 We saw people who approached services for support are not routinely offered information and advice to enable them to access community resources and maintain their own independence.

4.4 People do not have timely access to equipment that will support their independence. There were delays in the provision of equipment to support people's independence. These delays inevitably impacted on people's well-being and the promotion of their independence.

Operational level:

4.5 Whilst reviewing cases and talking with practitioners and managers we saw and heard how the local authority is maximising the use of assistive technology to help promote people's independence and enable them to remain living in their own home.

4.6 There are positive examples of creative solutions to support people, including the use of assistive technology in the form of a wrist watch with a global positioning system. This was part of a tailored response to support an individual living with dementia to remain living in their community and to continue to participate in community activities which was important to him.

4.7 The local authority will need to assure itself its structure and process are sufficiently organised to ensure people receive the right support at the right time, proportionate to their needs. This includes ensuring everyone undertaking assessments has the qualification as required by the Part 3 Code of Practice (assessing the needs of individuals) and are suitably skilled, trained and qualified in undertaking assessments.

4.8 This is because we saw examples where an earlier intervention, may have prevented the individual and the carer reaching crisis and removed or delayed the need for ongoing care and support. In one instance a delay of 8 months meant the only remaining option was admittance to residential care. An earlier intervention to address the issues may have prevented an escalation of need.

4.9 Current processes for the assessment decision making and transfer of cases requires improvement to ensure people receive the response which they have the right to expect.

4.10 Practitioners and managers told us people were only being referred to specialist teams at a late stage when the opportunity to intervene and support people to remain in their own homes was reduced significantly. We were told this was often when there was a need to undertake a mental capacity assessment or arrange a care home placement.

4.11 We are not confident practitioners are sufficiently aware of the community resources available to support people to maintain their own independence. Lack of knowledge is impacting on their ability to move away from resorting to providing more traditional packages of care as a first response.

4.12 People who responded to our survey told us of difficulties in contacting the service. They explained the challenges of having to phone the corporate contact centre. We heard other professionals share a similar experience.

4.13 We were able to visit the demonstration flat used for bathing and kitchen assessments. We found the flat was used to provide people with a physical and sensory impairment an opportunity to try out different equipment. We saw the range of equipment in the sensory impairment room and were told people can rent the most expensive equipment. We heard how the Visual Impairment Rehabilitation Officer finds the space to be ideal to start mobility training with visually impaired people.

4.14 We were told the local authority made some investment in equipment to promote single-handed care. The local authority having recognised the opportunity to provide more efficient and effective services should explore the reason and respond to the delay in the roll out of this initiative.

4.15 We heard of the delays in the delivery and fitting of equipment to promote independence and we saw how this impacted on people. Community equipment is commissioned in partnership with RTCBC and Cwm Taf Morgannwg University Health Board [CTMUB]. The local authority needs to ensure its works with partners to monitor the timelines of the provision of community equipment.

4.16 During our observation of the weekly resource panel we saw some people were unable to access day care due to a lack of transport. The impact of this for some people and their carers will be that an opportunity to prevent escalation of needs will have been missed. We also heard some people were finding it difficult to attend hospital appointments due to lack of transport. The local authority needs to ensure that there are arrangement to monitor the impact of lack of transport and to put contingency measures in place to ensure people's eligible needs are met.

Strategic level:

4.17 Medicines at home is a positive concept that could benefit further from clarity around aims and objectives. Staff told us there is confusion as to the aims and objectives of the service. To avoid further confusion the local authority needs to further collaborate/educate staff who are explaining the service to people.

4.18 The local authority has acknowledged their difficulty in recruiting community occupational therapists [COT]. We saw the negative impact of long-term vacancies both on service delivery and on those staff managing the increasing backlog of (COT) assessments. Waiting times for COT assessments are lengthy. The local authority must take action to address this to ensure the best possible outcomes are achieved for people using services.

Method

We spoke with some people and carers and administered a public survey for service users via our website and considered the four responses received.

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 some people who used the services.

We reviewed 10 mental capacity assessments.

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

We administered a survey of frontline social care staff and considered the 11 responses received.

We reviewed 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.

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 safeguarding strategy meetings and allocation meetings.

Welsh Language

English is the main language of the local authority and the inspection was conducted accordingly. Welsh and Polish are spoken in Merthyr Tydfil as are a small range of other languages. There was one welsh speaking inspector on team.

Acknowledgements

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