

Paul Mee
Group Director – Community and Children’s Services
Rhondda Cynon Taf County Borough Council
The Pavilions
Cambrian Park
Clydach Vale
Tonypandy
RCT
CF40 2XX

Date: 04 November 2021

Dear Director,

Care Inspectorate Wales (CIW) – Assurance Check 2021: Rhondda Cynon Taf County Borough Council

This letter summarises the findings of our assurance check on 24 to 28 May 2021. The purpose of this assurance check was to review how well local authority social services continue to help and support adults and children with a focus on safety and well-being.

Overview

In March 2020, CIW suspended its routine programme in response to the COVID-19 pandemic to enable local authorities and providers to focus fully on responding to the challenging circumstances. A revised programme of assurance checks recommenced in September.

We considered safety and well-being of people who use or may need to use services, the safety of services they access and the safety and well-being of people who work in services. Our key lines of enquiry were focused on the four principles of the Social Services and Well-being (Wales) Act 2014. We have aligned our findings to the four principles: People - Voice and Control, Prevention, Well-being, Partnerships and Integration.

Our focus was on:

1. How well is the local authority discharging its statutory functions to keep people who need care and support and carers who need support, safe and promote their well-being during the pandemic?

Arolygiaeth Gofal Cymru (AGC)
Swyddfa Llywodraeth Cymru
Sarn Mynach
Cyffordd Llandudno
LL31 9RZ
www.arolygiaethgofal.cymru

☎ 0300 790 0126
✉ CIW@gov.wales

Care Inspectorate Wales (CIW)
Welsh Government Office
Sarn Mynach
Llandudno Junction
LL31 9RZ
www.careinspectorate.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

2. What is the local authority doing to prevent the need for children to come into care; and are children returning home to their families quickly enough where safe to do so?

Summary of findings and priorities for improvement

People - voice and control - We asked: How well is the local authority ensuring people, carers and practitioners are having their voices heard, making informed choices, and maintaining control over their lives. While, also balancing the recommendations and requirements made by Public Health Wales and Welsh Government to limit the spread of COVID-19?

The local authority had made clear its strategic and operational intent to support vulnerable young people, adults and carers throughout the COVID-19 pandemic (the pandemic). Leaders have maintained a line of sight on the changing COVID-19 landscape, resulting in clear plans and innovative practice/responses to address the challenges presented. Leaders and senior managers continue to keep under review what is working well and different ways of working because of the pandemic, which they intend to take forward.

The COVID-19 infection rate in Rhondda Cynon Taf has been particularly high. The local authority is seeing an increase in demand for services and increased complexity of need, including in relation to people's mental health and emotional well-being. The local authority is continuing to work collaboratively with partners to build and support community resilience.

People told us how the local authority had maintained safe contact throughout the pandemic. We heard how information technology had been used to maintain contact with people and develop new types of service delivery. Contact had been undertaken virtually, face-to-face where required, and risk assessed as appropriate to do so.

People told us it was generally easy to contact the local authority; they felt listened to and were treated with dignity and respect. They were able to discuss the support available to them and found the information, advice and or assistance provided by the local authority was useful. We saw examples of people being appropriately provided with advice and signposted to other services/agencies.

Overall, we found people's views are sought and they are involved in assessments and care and support planning. Case recordings were variable in respect of capturing the person's involvement. People are provided with opportunities to comment on the services they receive.

In adults services we found an outcome-focused approach embedded in practice, this supported co-production and identification of personal outcomes. Matters relating to consent, advocacy, mental capacity, and best interests were routinely considered at an

early stage in the engagement process. The information gained was used appropriately to inform assessments and care and support planning.

The children's services files we viewed contained evidence of information gathering to represent the child's circumstances. Where required there was an exchange of information between agencies. We found practitioners and independent reviewing officers (IROs) had an understanding of the circumstances and experiences of the children and families they were working with. Practitioners routinely considered and made the offer of advocacy. The local authority has identified further work is required in children's services to embed a model of social work practice that is strengths-based and outcome focused. It is critical that the model of practice ensures a continuous focus on children's progress and experiences and a strong quality assurance process is implemented that measures the impact of the model.

We saw examples of carers being offered a carer's assessment and carer's views represented in recordings. The local authority has identified carers requiring additional support and they reported an increase of approximately 30% more carer's assessments completed than in the same period the previous year. The local authority told us work to support carers has continued throughout the pandemic, albeit sometimes in reduced and different ways. For example, carers had been supported with online resources and provision of devices and had access to a counselling service. Practitioners described how carers had been contacted and agreement reached on how and when care and support would/could be provided.

People are given the opportunity to tailor and manage their own support through use of direct payments. We saw examples of direct payments being offered and taken up, helping people to have flexibility and control over the care and support they received. There was evidence of the authority using direct payments responsively as a means of providing an alternative method of support.

Ensuring staff well-being is a key priority for leaders and senior managers. We saw positive examples of the promotion of staff well-being. Examples included a self-referral process for staff to access occupational health, mindfulness sessions, and availability of counselling. We found staff morale was generally good. Staff told us they felt supported by colleagues and managers to do their job, and a majority said their caseloads were manageable. Some staff we spoke with described an 'all hands on deck' approach during the pandemic, which they said helped them work well as a team, with a clear focus on people who need care and support. We heard of staff working flexibly to ensure positive outcomes for people.

Prevention - We asked: To what extent is the local authority successful in promoting prevention and reducing need for increased or formal support from statutory agencies?

We found a positive integrated approach to prevention. We saw examples of professionals and agencies sharing information and identifying children and/or adults in need of help and

protection and making appropriate referrals to social services. There was a prompt response to immediate presenting risk and need. The local authority had identified further work/training was required in adults services, to ensure potential consequences of identified risk are consistently recognised and where necessary appropriate and timely action is taken to mitigate risk.

There has continued to be a good strategic focus on prevention, market sustainability and development of services during the pandemic. Examples of continued service development included the implementation of family group conferencing and development of additional Extra Care accommodation. Planned work has continued in regards to the remodelling/transformation of some teams/services, aimed at improving service user experience.

There are waiting lists in some service areas including the sensory service, the adaptations and community equipment service, and care and support. The local authority reported waiting lists had developed/been exacerbated by an increase in demand and gaps in some teams. Managers are proactive in how they monitor, risk assess, and review the priority status of those people waiting for a service. Plans are in place to reduce waiting lists. This is an area the authority will need to continue to closely monitor in order to identify progress and any emergent issues.

The local authority has implemented a 'Children Looked After Strategy' with the aim to safely reduce the number of children looked after, which is a recognised priority for the local authority. In the last year there has been a gradual reduction in the numbers of children becoming looked after. The local authority has commissioned an independent piece of work to review the strategy to identify any service gaps and areas for learning. Senior managers and officers have a good understanding and knowledge of the profile of children currently looked after and are strongly committed to the preventative agenda. They are looking to develop their options for responding to crisis situations, particularly for those young people with very complex needs, and are undertaking a feasibility study in relation to expanding their residential provision. Work is underway in relation to the accommodation pathway for care leavers. This is an area the authority will need to continue to closely monitor in order to identify progress and any emergent issues.

In adults services we found supportive infrastructures across social and health care, and aligned delivery systems. We saw evidence of joint working, which included positive examples of people being supported to discharge from hospital and other examples of people being supported at home to avoid the need for admission to hospital or residential care. Timely involvement of all relevant professionals' ensured services and equipment were made available to help people achieve what matters to them.

Partnership and Integration - We asked: To what extent is the local authority able to assure itself opportunities for partnership working are positively exploited to maximise person centred planning and ensure integrated service delivery and service sustainability?

There is a clear commitment to collaborative working across Rhondda Cynon Taf County Borough Council (RCTCBC). It was apparent relationships with partners had been strengthened during the pandemic.

Providers told us of good communication and positive meetings held with local authority representatives during the pandemic. They commented on how the sector had benefited from timely guidance and support provided by the local authority. Close working with independent providers has been supported by effective communication and sharing of information. Providers told us a culture of trust had developed. One provider commented, *“There has been a lot more working together with organisations and that can only be better for the individuals we support.”*

Partnership working was particularly prominent in the MASH (Multi-Agency Safeguarding Hub). The MASH had well-established relationships with partners. Operational co-operation between multi-agency professionals ensured effective working in relation to sharing information, identifying and monitoring children and adults’ needs and risks. Information was gathered promptly across the multi-agency group and this was used to inform decisions and actions in relation to people’s well-being and safety.

We heard of positive examples of collaboration and partnership between the local authority and its partners to support people’s well-being. Examples included the use of volunteers to support people with tasks such as dog walking and food collection, and the Integrated Wellbeing Pathway developed between children’s services, education and inclusion services and counselling providers to ensure vulnerable children were supported throughout the pandemic.

On an individual level, we heard of positive examples of good working relationships between professionals and people receiving care and or support. Practice was respectful and we saw efforts made by staff to understand people’s circumstances and to support people to meet their own personal outcomes.

Well-being - We asked: To what extent is the local authority promoting well-being, ensuring people maintain their safety and achieve positive outcomes that matter to them?

The local authority has exercised its functions under the Social Services and Well-being (Wales) Act 2014; it has strived to ensure it makes a positive contribution to the well-being of people who need care and support and carers who need support. At an individual level this has included seeking out the person’s wishes and feelings working in partnership with people to develop creative solutions to meet their self-identified outcomes and promoting/securing their well-being.

Improvements are needed to ensure the local authority consistently meets its statutory duties. In adults services, we found delays in completion of some assessments and reviews. We were informed this was due to a number of factors including increased demand and gaps/vacancies in some teams. Managers regularly monitor, risk assess and

prioritise those people waiting for an assessment/review. Action had been taken to increase capacity in order to address the delay in completion of reviews.

During the pandemic the local authority has proactively developed, adapted and delivered services in different ways to promote people's well-being. We saw examples of contingency planning and prioritisation of service provision. We heard of many positive examples of how the provision of services/support had made a positive contribution to the safety and well-being of many people during the pandemic. Examples included the mobile responder service aimed at preventing calls to emergency services, provision of outreach support, provision of play activity packs, and 120 staff members who were re-deployed to make contact with those people on the shielded list.

We saw timely responses to safeguarding enquiries. The practitioner's approaches were considered and well organised and partners and professionals were included, where relevant. Overall, there was consideration of risks and strengths and clear safety plans put in place to mitigate risks and or needs identified. The oversight of adults potentially at risk had been strengthened by implementation of a process in which the safeguarding team have oversight of cases where multiple public protection notifications are received.

Recruitment and retention of a stable workforce remains a priority for the local authority. There were vacancies in some teams. Capacity issues coupled with case complexity was causing pressure in some teams. Managers had sought to increase capacity within these teams and work is ongoing in relation to implementation of a workforce strategy, which includes the aim to have a workforce in sufficient numbers with the right values, knowledge, skills and confidence to meet the needs of the children and adults in Rhondda Cynon Taf.

Method:

- we reviewed documentation supplied by the local authority
- we spoke with people who were receiving or had received care and support, including care experienced young people
- we reviewed 36 case files
- we held nine case tracking interviews with practitioners
- we administered surveys to; people who had experience of care and support, providers, third sector organisations, staff, safeguarding leads, police, education and healthcare professionals
- we spoke with practitioners, managers, providers, heads of service, director, elected members and partners

Next Steps

We have identified strengths and areas for improvement. We will review the progress of these areas through our performance evaluation review meetings with the heads of service and director. We expect the areas of improvement we have identified to be included in the

local authority's improvement plans. We would like to extend our thanks to all those who helped with the arrangements for this assurance check and to those people and staff who spoke with us.

Please see our Privacy Notice at <https://careinspectorate.wales/how-we-use-your-information>

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Lou Bushell-Bauers', written in a cursive style.

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