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Dear Director,

Improvement Check visit to Cyngor Gwynedd – adult services

This letter describes the findings of the Improvement Check visit to adult services (the service), Cyngor Gwynedd (CG) between 14 and 16 of October 2024. This followed the Performance Evaluation Inspection (PEI) in September 2022.

1. Introduction

We carry out inspection activity in accordance with the Social Services and Well-being (Wales) Act 2014; key lines of enquiry; and the quality standards in the *Code of Practice in relation to the performance and improvement of social services in Wales*. This helps us determine the effectiveness of local authorities in supporting, measuring and sustaining improvements for people and in services.

The Improvement Check focussed on the progress made in the following areas identified for improvements during our PEI in September 2022.

Principle	Areas of improvement identified from PEI in September 2022.	Progress identified at Improvement Check
People	The needs of people requiring care and support at home must be met in a timely manner. This includes the extent associated pressures on	Some improvements made – further action required.

	<p>carers and hospital services are mitigated.</p> <p>Sufficient staffing resources must be in place to ensure people's care and support needs are being met effectively, particularly Occupational Therapists and Approved Mental Health Practitioners.</p> <p>Carers must be consistently offered an assessment in line with statutory duties.</p> <p>Provision of direct payments must be prioritised to ensure their accessibility for people.</p>	<p>Some improvements made – further action required</p> <p>Some improvements made – further action required</p> <p>Some improvements made – further action required</p>
Prevention	<p>People must receive the correct care and support in a timely manner. Reviews of care and support plans must be undertaken in a timely manner.</p>	<p>Some improvements made – further action required</p>
Well-being	<p>Adult safeguarding practice, including record keeping, must comply with the Wales Safeguarding Procedures (WSP).</p> <p>Practice must meet statutory duties in accordance with the Mental Capacity Act (2005).</p>	<p>Improvements made – must be sustained</p> <p>Improvements made – must be sustained</p>
Partnerships	<p>The local authority must continue to work towards improving strategic relationships with Betsi Cadwaladr University Health Board, to promote people's independence and well-being.</p>	<p>Improvements made – must be sustained</p>

2. Glossary of Terminology and Quantity Definitions

A glossary of terminology is contained in Appendix one and a table of quantity definitions in Appendix two.

3. Summary of Improvement Check Findings

Adult Services

3.1 There is a stable and experienced leadership team in adult services, who have instigated and implemented some positive changes since the last PEI.

3.2 There has however been limited progress in minimising delay in assessments and review of people's care and support plans.

3.3 People also continue to have to wait for care and support at home. Despite the reduction in the number of people waiting for domiciliary care since the last PEI, there remain high numbers of people who continue to have to wait and for long periods.

3.4 Leaders are aware further work is required to improve practice and the availability of care and support. Workplans in place must be prioritised to further drive improvements. Leaders are frustrated with the lack of progress made in some areas which has not been at the pace they would have preferred. An increasing demand for care and support, in addition to recruitment difficulties in rural areas, has contributed to the challenges.

3.5 Practitioners feel well supported by both leaders and colleagues.

3.6 Leaders equally are appreciative of practitioners and describe them as the best resource they have.

3.7 Leaders have a clear vision about how people can be supported in their communities taking a strength and outcomes-based approach, as highlighted in its recently published report, Llechen Lân. Some leaders acknowledge that not everyone's practice is yet fully reflective of the approach, and work is in progress to support a culture change.

3.8 There is increased stability in professional roles such as social workers and occupational therapists within the service. The local authority however, continues to face challenges in relation to ensuring sufficient domiciliary care workers.

3.9 The service's professional workforce in relation to social workers and occupational therapists comprises all local authority employed staff. This negates reliance on agency staff and means a more consistent service for people. People also benefit from the professional workforce being able to offer a service through the Welsh language.

3.10 People and providers describe difficulties in contacting the service. Leaders are aware improvements are required in relation to people being able to contact the service, and work is in progress to address this challenge.

4. Key Findings and Evidence

Key findings and some examples of evidence are presented below in line with the four principles of the Social Services and Well-being (Wales) Act 2014.

People – We asked:

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

Strengths

4.1 Leaders are experienced, provide stability of leadership and practitioners describe them as visible and approachable.

4.2 Leaders value practitioners' dedication. Practitioners are committed and go above what would be expected to support people. They clearly know the people they support very well.

4.3 Positively, as highlighted in the last PEI, practitioners continue to feel well supported. 94% of the practitioners who completed our survey noted they 'agreed' or 'strongly agreed' they are well supported by colleagues and leaders.

4.4. There is increased stability in professional roles in the service, which includes Occupational Therapists and Approved Mental Health Practitioners (AMHP). As regards increasing the number of Occupational Therapists, several work streams are in place which include training schemes, a programme for upskilling social work practitioners and the establishment of a Carers Academy. The intention with the Carers Academy is to attract carers to deliver care for the service for a period, with opportunities for further career development into specialist workers in the future. The service has successfully increased the grading of AMHP's, and utilised funds from Welsh Government to train additional staff during 2024 and 2025. Whilst providing AMHP cover can still be challenging, it is anticipated the steps taken can alleviate the position in the longer term.

4.5 Practitioners benefit from regular supervision, both formal and informal, with a focus on their learning and development needs.

4.6 The service has worked hard to recruit, retain and develop staff across all parts of the service. This includes targeted recruitment campaigns, a workforce restructure resulting in reviewing of grades, and "grow your own" schemes. The service has also established a Care Academy to recruit care workers and provide clear opportunity for career progression.

4.7 There has been a small increase in the number of people receiving a direct payment. This means more people benefit from having control over how their care and support is delivered. A family member spoken with described how receiving direct payments assisted in ensuring their relative was able to continue living at home with support.

4.8 There is a support worker for unpaid carers available, albeit not in every service across all areas of the County. An unpaid carer described the benefit of a support worker used as a source of direct support for them specifically, and they described how they felt valued as they were listened to. **This is an example of good practice, which would benefit more unpaid carers if the service was more consistent.**

Areas for Improvement

4.9 Whilst practitioners are consistently clear there are opportunities to reflect on practice with a focus also on their well being, there is limited and inconsistent evidence of this in supervision files with a focus on case discussion. **The local authority must ensure that consistent supervision records with members of staff are available across the service, in accordance with its supervision policy. It should ensure these records are specific and consistently demonstrate the focus in place on staff well-being and reflection on their practice.**

4.10 Whilst there are good examples of people's wishes, feelings and outcomes referenced in assessments, and care and support plans, this practice is inconsistent. There are other examples where evidence of people's voice and choice is limited. Assessments, and care and support plans also do not routinely reflect strengths and outcome-based practice, as well as existing support. **In line with Code of Practice, Part 3 (assessing the needs of individuals), assessments must include the five key elements and reflect strengths-based conversations with people to identify what matters to them. They must also include the personal outcomes they wish to achieve and what contribution they and their family, friends and local community can make to achieving those outcomes.**

4.11 The service is continuing to experience challenges in recording data about assessments and support for unpaid carers. Practitioners are confident they offer assessments to unpaid carers, and we saw examples of carers assessments having been undertaken and of unpaid carers benefitting from support provided. However, it is not consistently clear from social care records viewed whether all unpaid carers have been assessed in a timely manner, or whether such an offer is made. In very few carers assessments, where a formal care and support plan was not required, there was either no or limited information about what was available to meet the potential future needs of the unpaid carers. **The local authority must improve the data it collates about assessments and support for unpaid carers. This is essential to ensure it meets its statutory duty of assessing whether a carer has needs for care and support (or is likely to do so in the future) and if so, what those needs are likely to be. Leaders must also ensure people and unpaid carers are appropriately signposted to information, advice, assistance or other preventative and community-based services to include third sector services, whether or not they have a formal care and support plan.**

4.12 There is variable evidence in social care records of an offer of direct payments being made. The practice of offering a direct payment as an option for meeting assessed eligible needs is inconsistent. It is noted plans are in place to improve arrangements for direct payments and there has been small progress in the number of people choosing this option. **Nevertheless, the local authority must ensure people are consistently offered a direct payment where there are eligible care and support needs, and whereby a direct payment could enable personal outcomes to be achieved. A clear record must be made of an offer for this option, along with details of refusal if that is the case.**

4.13 Just under a third of people who completed CIW's survey of people who completed our people survey indicate they experience issues contacting the service. Examples of comments made include calls not being answered, taking a long time to be answered, and not being returned promptly. The service intends to create a simplified first point of contact system to improve people's experience. **The local authority must ensure information, advice and assistance is promptly offered in a manner which is accessible.**

Prevention – We asked:

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

Strengths

4.14 Good quality and timely statutory reviews are being undertaken to assess whether people's care and support plans remain appropriate. However, there are also examples of people having to wait for a review which is sometimes undertaken outside of the statutory timeframe. The service recognises a formal statutory review is an important means of ensuring care and support plans remain appropriate and relevant to people's eligible needs.

4.15 The service has increased the number of micro carers it has to 17. This provides an alternative care and support option to traditional domiciliary care. **There is a practitioner employed by the local authority specifically to support and train people to establish a micro enterprise which is good practice. The local authority should continue with its work to promote the availability of care and support options to include the numbers of micro carers available, in line with its duty to provide information, advice and assistance and preventative services.**

4.16 The local authority is focussed on improving outcomes for people receiving a domiciliary care service and has obtained specific funding to support with this. They

are piloting a different way of working utilising technology and apps to improve communication between a care provider, individual and their family for example. The full evaluation of this is yet to be completed.

Areas for Improvement

4.17 The timeliness of assessments is variable. People continue to have to wait for occupational therapy, social work and carers assessments and in some examples, the wait is too long. Leaders are confident with current arrangements for practitioners to monitor people's circumstances and manage risks whilst they are awaiting an assessment. **The local authority must ensure people receive a proportionate and timely response which enables them to achieve their personal well-being outcomes.**

4.18 The local authority has taken positive steps to improve review timeliness to include creating additional capacity specifically to undertake reviews. However, challenges remain and not all additional short-term posts created have been filled, meaning the benefit of this additional resource is yet to be fully realised. **The local authority should continue to review the effectiveness of the steps taken, and ensure it is meeting its duty in relation to reviewing care and support plans in accordance with statutory timeframes.**

4.19 At the time of the last PEI, the local authority was moving to a single, internal or external, local provider of domiciliary care in 13 sub areas, whilst sharing provision in three other sub areas. The service has made progress and experienced a reduction in the numbers of people awaiting domiciliary care. However, there are concerns about the numbers of people who continue to wait for domiciliary care with a risk of people's choice and well-being outcomes being compromised. This also places pressure on unpaid carers and hospital resources. It is noted the local authority is looking at its data accuracy to ensure a greater understanding of waiting times for domiciliary care. The service has implemented a domiciliary care project board with different workstreams to reduce the waiting list for domiciliary care. The workstreams also align with the service's vision reflected in the Council Plan 2023-2028 and recommendations of the Llechen Lan report, ensuring clarity and consistency of expectations. **The local authority must prioritise its workplan for reducing the wait for domiciliary care. This to ensure people, and unpaid carers, receive timely support and to prevent escalation of need.**

4.20 At the end of 2023, the local authority instigated an internal audit in response to overspend in the commissioning of independent domiciliary care services. The report concludes that some commissioned services were not always being delivered in line with contractual arrangements, and that this was not addressed in a timely manner. As a result, there have been missed opportunities to support a greater number of people and reduce the wait for domiciliary care support. Workplans have been created under the umbrella of the domiciliary care project to improve commissioning arrangements and provide more robust oversight. **The local authority must ensure**

commissioning arrangements are based on meaningful data and comply with the principles and requirements of the National framework for commissioning care and support: code of practice.

4.21 Whilst the local authority has a draft Quality Assurance (QA) strategy, the focus is specifically on monitoring the quality of commissioned services. The strategy does not currently extend to monitoring and quality assuring direct practice. The QA process is underdeveloped and requires a full review in terms of its delivery and impact in helping improve outcomes for people. **The local authority must implement and embed a robust quality assurance framework. These improvements are essential to enable scrutiny of data to drive forward service improvements and ensure managers have greater oversight of front-line practice, ensuring it aligns with the service's vision and practice recommendations as highlighted in the Llechen Lan report.**

Well-being – We asked:

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

Strengths

4.22 Practice in adult safeguarding has improved. People are appropriately safeguarded from the risk of harm or abuse through effective multi agency arrangements. Practice aligns with the expectations of the Wales Safeguarding Procedures. People's voice is mostly central in the safeguarding process, and their wishes are identified and considered.

4.23 Practice in relation to assessing people's mental capacity has improved. People's mental capacity to make decisions regarding their care and support is consistently considered. Overall, capacity assessments are of good quality, adhering to the principles of the Mental Capacity Act (MCA) (2005) and Code of Practice. **In the best examples, there are good recordings of the discussions and of a person's verbatim responses which is good practice.** Relevant training, peer supervision, team discussions and MCA Champions in some teams promote workforce confidence and practice in relation to mental capacity assessments.

4.24 People feel they are treated with respect by the service. Eighty three percent of people who completed CIW's survey indicated they feel this is true 'all of the time' or 'most of the time'.

Areas for Improvement

4.25 Records did not consistently reflect whether a person subject of a duty to report has been informed of the outcome. **The local authority should ensure consistent**

records are made to evidence people are informed of the outcome of safeguarding referrals.

Partnership – We asked:

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

Strengths

4.26 At an operational level there are examples of good joint working with partners including health, police and third sector, to support good outcomes for people.

4.27 The board to develop Community Resource Teams has been re-established, chaired by leaders in strategic positions within the local authority and Betsi Cadwaladr University Health Board (BCUHB). The focus is on further developing the work of the CRTs.

4.28 There are clear ambitions in the service's work plan to further improve communication with providers. One example being domiciliary care providers consistently becoming part of CRTs, aiding discussions and communication.

4.29 There continue to be challenges in working with the BCUHB on a strategic level due to frequent changes within BCUHB's key strategic roles, and changes within professional roles and responsibilities. There are examples of continued joint working such as joint discussions which have commenced about hospital discharge processes with consideration as to how to improve processes and broadening the role the third sector. A further example is discussions and work around a new innovative nursing, residential and extra care provision.

Areas for Improvement

4.30 The local authority has identified that improvements in joint commissioning with BCUHB is required. **The local authority should continue with its existing efforts to work in partnership with the Betsi Cadwaladr University Health Board in the interest of improving outcomes for people through the delivery of effective, integrated services.**

5. Next Steps

CIW expects the local authority to consider the areas identified for improvement and take appropriate action to address and improve these areas. CIW will monitor progress through its ongoing performance review activity with the local authority. Where relevant, we expect the local authority to share the positive practice identified

with other local authorities, to disseminate learning and help drive continuous improvement in statutory services throughout Wales.

6. Methodology

Fieldwork

- Most inspection evidence was gathered by reviewing the experiences of 12 people through review and tracking of their social care record. We reviewed eight social care records and tracked four.
- Tracking a person's social care record includes having conversations with the person in receipt of social care services, their family or carers, key worker, the key worker's manager, and where appropriate other professionals involved.
- We engaged, through interviews with two people receiving services and/or their carer.
- We engaged, through interviews and/or focus groups with 13 local authority employees. This included social workers, team managers, head of commissioning, assistants to the head of service, head of service, and director of social services.
- We reviewed a sample of staff supervision files.
- We reviewed supporting documentation sent to CIW for the purpose of the inspection.
- We administered surveys to local authority social services practitioners, providers and people.

Our Privacy Notice can be found at <https://careinspectorate.wales/how-we-use-your-information>.

7. Welsh Language

CIW is committed to providing an active offer of the Welsh language during its activity with local authorities.

The active offer was accepted on this occasion. We carried out interviews with local authority employees as well as people who had received a service and/ or their carers through the medium of Welsh during this improvement check.

8. Acknowledgements

CIW would like to thank staff, partners and people who gave their time and contributed to this inspection.

Yours sincerely,



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

Appendix 1

Glossary of Terminology

Term	What we mean in our reports and letters
Must	Improvement is deemed necessary in order for the local authority to meet a duty outlined in legislation, regulation or code of practice. The local authority is not currently meeting its statutory duty/duties and must take action.
Should	Improvement will enhance service provision and/or outcomes for people and/or their carer. It does not constitute a failure to meet a legal duty at this time; but without suitable action, there is a risk the local authority may fail to meet its legal duty/duties in future.
Positive practice	Identified areas of strength within the local authority. This relates to practice considered innovative and/or which consistently results in positive outcomes for people receiving statutory services.
Prevention and Early Intervention	A principle of the Act which aims to ensure that there is access to support to prevent situations from getting worse, and to enhance the maintenance of individual and collective well-being. This principle centres on increasing preventative services within communities to minimise the escalation of critical need.

Voice and Control	A principle of the Act which aims to put the individual and their needs at the centre of their care and support, and giving them a voice in, and control over, the outcomes that can help them achieve well-being and the things that matter most to them.
Well-being	A principle of the Act which aims for people to have well-being in every part of their lives. Well-being is more than being healthy. It is about being safe and happy, having choice and getting the right support, being part of a strong community, having friends and relationships that are good for you, and having hobbies, work or learning. It is about supporting people to achieve their own well-being and measuring the success of care and support.
Co-Production	A principle of the Act which aims for people to be more involved in the design and provision of their care and support. It means organisations and professionals working with them and their family, friends and carers so their care and support is the best it can be.
Multi-Agency working	A principle of the Act which aims to strengthen joint working between care and support organisations to make sure the right types of support and services are available in local communities to meet people's needs. The summation of the Act states that there is a requirement for co-operation and partnership by public authorities.
What matters	'What Matters' conversations are a way for professionals to understand people's situation, their current well-being, and what can be done to support them. It is an equal conversation and is important to help ensure the voice of the individual or carer is heard and 'what matters' to them.
Llechen Lân report	A report compiled by CG considering the challenges they face in supporting the adult population in terms of social care. They make recommendations as to how they can respond to the challenges. LLechen Lân: gwasanaethau cymdeithasol pobol hŷn i'r dyfodol
Grow Your Own (GYO)	This refers to how local authorities attract and recruit people into their services, and then assist existing employees to develop their knowledge and skills and progress UP to the next level.

Appendix 2

Quantity Definitions Table

Terminology	Definition
Nearly all	With very few exceptions
Most	90% or more
Many	70% or more
A majority	Over 60%
Half	50%
Around half	Close to 50%
A minority	Below 40%
Few	Below 20%
Very few	Less than 10%