Arolygiaeth Gofal Cymru
Care Inspectorate Wales

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Date: 23/05/2024

Dear Ms Evans,

Care Inspectorate Wales (CIW) - Assurance Check of Blaenau Gwent County Borough Council Adult Community Team (Learning Disability specific)

This letter describes the findings of our assurance check on 26 - 28 March 2024. The purpose of the assurance check was to review the local authority's social services performance in exercising their duties and functions in line with legislation.

1. Introduction

We carry out inspection activity in accordance with the Social Services and Well-being (Wales) Act 2014 (the 2014 Act); 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.

We focused our key lines of enquiry in accordance with the four principles of the Social Services and Well-being (Wales) Act 2014 and have recorded our judgements and findings aligned to these: People - Voice and Control, Prevention, Partnerships and Well-being.

Our focus was on:

1. **People** - How well is the local authority ensuring all people are equal partners who have voice, choice and control over their lives and can achieve what matters to them?
2. **Prevention** - To what extent is the local authority ensuing 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?

3. **Partnerships-** To what extent is the local authority able to assure themselves effective partnerships are in place to commission and deliver fully integrated, high quality, sustainable outcomes for people?
4. **Well-being -**To what extent is the local authority ensuring that people are protected and safeguarded from abusse and neglect and any other types of harm?

2. Glossary of Terminology

A glossary of terminology is contained in Appendix 1.

3. Summary

Summary of overall findings

3.1 There is a stable and experienced leadership team in place providing continuity of leadership. Senior managers are aware of the significant ongoing challenges in responding to the increased complexity of presenting need and demand, and financial pressures. There is a need to ensure a focus on delivering sustainable strategic plans for learning disability services, and robust financial sustainability plans are critical to prevent short term crisis driven cuts. Practitioners and stakeholders told us leaders are visible and there are good relationships at a senior level with open communication. Practitioners feel well supported by managers and generally caseloads are manageable.

3.2 People, practitioners, and a few carers told us there is a good offer of resources and support services available, but they would like more opportunities for adults with a learning disability to volunteer and to gain meaningful employment. At a strategic level there should be an increased focus on strengthening opportunities for co-production and service development which take account of the needs and views of people with a learning disability.

3.3 At an operational level we saw some examples of good work being undertaken by practitioners. In the best examples, assessments were strength-based, focusing on what matters to the person and the outcomes they wished to achieve. They were structured around the five elements of assessment and the product of conversations between the individual, carer/wider family, and the practitioner.

3.4 Stakeholders who responded to our survey described positive working relationships with the local authority. They consider social workers are responsive and treat people with dignity and respect. One stakeholder commented: **"***Practitioners have always put the views of adults using our*

services at the forefront and always ensure they find out what is important to them".

3.5 Where an individual is known to both social services and the learning disability health team, we saw good examples of local authority and health board practitioners working effectively together at an operational level. We heard that since health and social services teams are no longer co-located, partnership working is more challenging.

3.6 The local authority promotes different types of housing support to enable people to reach their outcomes, including the outcome to live as independently as possible in the community.

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

Strengths

4.1 Some people have voice and control over the support they receive with care and support focused on what matters to them, the outcomes they want to achieve, and how they can use their own strengths and resources to promote their well-being.

4.2 Carers can contribute to the assessment and care and support planning in respect of the person they care for and had been offered a carers assessment.

4.3 Social care records reviewed include information about people's outcomes, strengths, and risks. People's involvement in the assessment process is promoted by practitioners who have clearly recorded the best way to engage with and understand the person's wishes. Most of the respondents to our stakeholder survey told us that practitioners were very good at obtaining the views of adults with a learning disability, in respect of what matters to them. One stakeholder commented: "*They adapt their working practices and communication methods to try and engage as many people as possible."*

4.4 Practitioners are enthusiastic about their work, and most described their team as supportive, professional and person-centred. They feel supported by their managers and appreciate the 'open door policy' and accessibility of managers. Most respondents to our staff survey felt able to raise concerns with management/senior practitioners. They told us that management are approachable.

4.5 Practitioners told us they receive regular formal and informal supervision. There are sufficient opportunities for reflection and the introduction of twice weekly 'think tanks' offers a reflective space to discuss complex cases which is viewed positively by practitioners.

4.6 Most practitioners told us they can access appropriate training opportunities when needed. There is currently an offer for joint training with health around positive behavioural support which is viewed positively by practitioners.

4.7 People can communicate in their preferred language with evidence of the active offer being made.

4.8 Mainly, the need for advocacy is considered with evidence seen of people supported by informal advocates.

Areas for improvement

4.9 The offer of direct payments to people and their families/carers is inconsistently promoted across teams. Some people are given the opportunity to manage their own support using direct payments. Evidence was seen of direct payments working well for some individuals and their families. However, in common with other local authorities across Wales recruitment of personal assistants to provide support via direct payments can be challenging. **The local authority must ensure direct payments are consistently offered, and people are provided with sufficient information to enable them to make an informed decision. The reason for refusing direct payments must also be captured.**

4.10 A few carers spoken with felt that they were not always informed of their rights and entitlements, and they did not fully know what support/community resources was available for carers in their areas including the offer of direct payments. **The local authority must ensure carers are aware of the availability of support and community resources to support them in their caring role.**

4.11 A few people told us they are not consistently offered easy read materials, or visual aids such as pictures to support their understanding. **The local authority should support practitioners to consistently offer information in accessible formats to people. This can significantly enhance understanding and engagement.**

4.12 People and carers told us of mixed experiences of contacting the local authority. Some carers told us that they did not know who to contact. They felt

that having a named practitioner made making contact so much easier. Carers told us that inconsistency of practitioners is an issue, some had experienced several changes of social workers. They also told us of the importance of consistency of workers for the people they care for and that any changes can cause them and the person they care for stress. **The local authority must review current arrangements to avoid, where possible, people having to repeat their story and ensuring people receive a timely and consistent response when contacting the local authority.**

4.13 Practitioners and managers spoken with informed us that managers approve and quality-assure assessments and care and support plans. However, social care records reviewed did not consistently evidence management oversight. Practitioners spoke of a management quality assurance group who quality assure a sample of cases. However, social care records reviewed did not evidence this. **The local authority should ensure management oversight and quality assurance processes are evidenced across social care records.**

4.14 Of the nine people who responded to our survey, 56% told us that they felt listened to and their views and wishes are considered during the care planning process. However, just under half of the people who responded to our survey noted they either didn't feel listened to at all (11%) or only sometimes felt listened to (33%). **Overall 'listening' is something the local authority must improve on.**

Prevention

Strengths

4.15 Most people, practitioners, and a few carers told us there is a good and varied offer of community resources across Blaenau Gwent. This was evidenced across some of the social care records reviewed.

4.16 Practitioners told us there is a good offer of assistive technology and this is installed promptly following referral. Information, Advice and Assistance (IAA) staff are trained in providing information and advice regarding the most suitable assistive technology aids for people and carers depending on their individual circumstances. This was also evidenced across some of the social care records reviewed.

4.17 Work has recently been completed on two self-contained 'pods' alongside the existing Augusta House respite provision to provide an enhanced reablement facility to assess and develop people's independence skills. The 'pods' have been fitted with assistive technology to support independent living. **This is positive practice.**

4.18 Practitioners and carers told us that there is good availability of short break provision. Augusta House is viewed positively by people and carers.

Areas for improvement

4.19 Whilst we heard of good volunteering opportunities, people, carers and practitioners told us they want more work and volunteering opportunities. One person spoke of feeling "*valued*" when she was earning money from a local job in the community. A carer expressed concern that "*many people's skills are going unnoticed because of the absence of work opportunities for them"*. **The local authority should ensure there are sufficient work-based and volunteering opportunities available within the local community**.

4.20 We saw and heard examples of limited contingency planning for what will happen if someone the person relies on is no longer able to continue to provide care and support. Contingency and future planning is important in providing people with the reassurance that suitable arrangements are in place in the event of emergencies. We saw examples where proactive contingency planning would have been beneficial and could have avoided a crisis. **The local authority should ensure social care practitioners proactively work with the person and those involved in their care and support to plan and make relevant decisions in preparation for emergency/crisis situations.**

4.21 Most practitioners spoke of the difficulties accessing timely Occupational Therapy (OT) support. This is sometimes due to confusion with regards to responsibilities of OTs in the Community Resource Team and OTs in the Learning Disability Health Team. **The local authority must work with the health board to make certain there is a clear understanding of roles and responsibilities to ensure people with a learning disability do not experience unnecessary delays in accessing appropriate OT support.**

4.22 Most practitioners described their workload as manageable, however, some staff told us individual caseloads were not. High demand and caseloads mean that statutory reviews are not always undertaken in a timely manner. **The local authority must review care and support plans regularly to ensure people receive the appropriate provision**.

Partnership

Strengths

4.23 Nearly all stakeholders who responded to our survey described positive working relationships with the local authority. Many of the respondents consider their organisation has a voice and role in identifying and driving improvement and change at a local/regional level for services for adults with a learning disability. They feel social workers are responsive and treat people with dignity and respect. One stakeholder commented: *"We have excellent working relationships with the CLDT in Blaenau Gwent and feel confident we will receive their support to achieve the best outcomes".* These views were also reflected by the practitioners and managers we heard from.

4.24 Practitioners felt, overall, partnership working with health colleagues worked well when the individual was known to the Learning Disability Health Team. One practitioner commented: *"We saw some examples of good partnership working with health colleagues with good exchange of information between partners."*

Areas for improvement

4.25 We heard that since health and social services teams are no longer co-located, partnership working is more challenging. One practitioner told us "*I have never seen the gulf between health and social services so wide"*. A barrier to more effective information sharing is the different methods and systems for recording information used by health and social care practitioners. Health and social care practitioners do not have access to each other's record management systems. This means information regarding people's health, and care and support needs, is not easily accessible to partners. **The local authority must work with the local health board to review the systems, processes, and structures in place to improve the integration and accessibility of information sharing and joined up working.**

4.26 The Integrated Service Partnership Board (ISPB) plan for the local authority sets out the intention to arrange workshops during 2023 to identify gaps in line with the ISPB priority objectives with the aim of stablishing organisational delivery to meet local need for people with a learning disability. **The local authority should use this information to inform/build its action plan in the short/medium/long term for the ISPB to identify priority areas for people with a learning disability for 2024-2026.**

Well-being

Strengths

4.27 In most of the cases reviewed, practitioners consider people's mental capacity to engage in their assessments, care and support planning, and safeguarding enquiries. Most of the mental capacity assessments we reviewed were of good quality with evidence of the practitioner's knowledge and ability to practice in accordance with the Mental Capacity Act 2005 (MCA).

4.28 Whilst there are some delays at a regional level in allocating and undertaking Deprivation of Liberty Safeguards (DoLS) assessments to determine if someone is deprived of their liberty, the quality of the sample of completed assessments reviewed was good.

4.29 The local authority is proactive in monitoring compliance with the DoLS Code of Practice and has a clear understanding of its current strengths as well as areas that are challenging or needing further improvements.

4.30 Evidence was seen of the practitioners and managers working closely with Managing Authorities to ensure applications for further periods of authorisation are submitted in a timely manner. This reduces the risk of people being deprived of their liberty without the continued protection of the safeguards. **This is positive practice.**

4.31 In the same way, the local authority knows and understands the reasons their area is amongst the local authorities in Wales receiving the highest number of applications for standard authorisation following urgent authorisation and are working with Managing Authorities to address this issue.

4.32 The local authority is proactive in identifying situations where a person who lacks capacity to consent to the arrangements made for care and support and deprived of their liberty in community settings and making timely applications to the Court of Protection. **This is positive practice.**

4.33 Review of social care records, and conversations with practitioners and external safeguarding leads, have confirmed a timely and proportionate response to adult safeguarding reports. These reports are screened, and most enquiries reviewed were carried out in compliance with statutory requirements. The analysis and decision-making process was documented, prioritising the safety and promotion of well-being for people.

4.34 Strategy discussions and meetings involve relevant professionals, and most are held in a timely manner.

4.35 Stakeholders acknowledge the importance of cultivating strong collaborative relationships. We heard about these solid alliances, characterised by comprehensive information exchange, well-defined systems, decision-making opportunities, proactive case reviews, and a clear comprehension of roles and duties. An important feature of these relationships is the shared commitment to ensuring people's safety.

Areas for improvement

4.36 Improvements are needed to ensure that people's voices are strengthened during the safeguarding process. The individual should always be at the heart of this process, and this should be evident in all documentation. Currently, we cannot confidently assert that people are as involved as the WSP's mandate. There were cases where it was unclear whether people were included in assessments or decision-making related to safeguarding enquiries. Overall, there is insufficient evidence to demonstrate that people who are subject of an adult at risk report are consistently involved in the safeguarding process and advocacy consistently considered and being utilised in safeguarding arrangements, particularly if family are involved. **The local authority must strengthen this area to ensure that the views of people and their families/carers are evident where appropriate to do so.**

4.37 Improvement is needed in timeliness of the quality assurance process where safeguarding concerns have been received. **The local authority should ensure there is a robust quality assurance process that prioritises safety, responds to concerns, and continuously improves the safeguarding framework to prevent harm and promote well-being.**

4.38 Practitioners and managers told us there are areas of development required regarding embedding an 'outcome-focused' and 'strengths-based approach' within the recording and documentation of safeguarding reports, focusing on the positive outcomes for the individual and their strengths, rather than just the risks or problems. Well-being assessments could also be strengthened by being written consistently in the first person and evidencing what matters to people and the outcomes they wish to achieve. This was not consistently evident across files. **The local authority should develop clear guidelines for documentation using an outcome-focused and strengths-based approach.**

4.39 We saw that the safeguarding team effectively coordinates referrals, leveraging the expertise of people with the most relevant relationships and knowledge for

conducting enquiries. This team exhibits a proactive approach in pursuing necessary information. However, we heard of delays in completing safeguarding enquiries. This was evident in a few of the case records we reviewed. **The local authority must ensure all practitioners and partners have an improved understanding around timeframes and recognition of their role in protecting people and working in partnership with safeguarding team.**

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 assurance check evidence was gathered by reviewing the experiences of 23 people through review and tracking of social care records. We reviewed 19 social care records and tracked four.
- Tracking a person's social care record includes, where possible, 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 14 people receiving services and/or their carer.
- We engaged through interviews with 23 local authority employees. This included social workers, senior practitioners, team managers, service managers, and the head of service for children
- We reviewed supporting documentation sent to CIW for the purpose of the assurance check.
- We administered surveys to local authority practitioners, partner organisations, and people with a learning disability who receive care and support and their carers.

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

8. Acknowledgements

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

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