

Improving social care and childcare in Wales

Chief Inspector's



26

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











Foreword

Foreword by our Chief Inspector

The past two years have been an incredibly difficult time for many. None of us imagined at the start of the pandemic in March 2020, we would still be feeling the residual impact in 2022.

As we transition slowly out of the pandemic into a recovery phase, I want to again pay tribute to the social care and childcare and play workforce across Wales. They continue to show incredible skill and tenacity, working relentlessly as they face the many challenges the pandemic has exacerbated.

We have been humbled by individual stories of care workers, volunteers, managers, and leaders supporting people in need. The workforce is depleted and tired but continues to deliver. We are reminded across the range of services we regulate and inspect just what a force for good they can be in the most difficult circumstances, and we are acutely aware of the anxiety about how people can continue to operate under this relentless pressure. Care workers are understandably concerned for their own well-being but also the impact on people who are waiting for care and support, or the families who may need support.

At the height of the pandemic there was a real sense of agencies pulling together in partnership to support people, but the current pressures, intensified by the cost-of-living crisis, threatens to undo this good work.

Examples of poor care are thankfully rare, and our inspectors commonly find compassionate and dedicated staff, determined to deliver the highest levels of care to the people they care for. But rest assured, where we do find poor care, we will, and do, take action.

Having the opportunity to listen, engage and learn from people using, supporting, and providing care services across Wales will always be a central part of our work. This year we continued to use public and provider feedback to help focus our priorities and make sure our inspection programme continued to deliver on our key priority - providing assurance to the public and Ministers regarding the safety and quality of the services we regulate and inspect.

"We have been humbled by individual stories of care workers, volunteers, managers, and leaders supporting people in need. The workforce is depleted and tired but continues to deliver. We are reminded across the range of services we regulate and inspect just what a force for good they can be in the most difficult circumstances"

Gillian Baranski, Chief Inspector, CIW

Our programme of assurance included:

- assurance checks in all 22 local authorities, with 11 of these being completed between April 2021 to March 2022
- publishing our 'Let me flourish' report, the findings from our national review of services for disabled children and their families which began in 2019
- a joint inspection of child protection arrangements (JICPA) in Neath Port Talbot, with the key line of enquiry being child exploitation
- 570 childcare and play inspections, prioritising the inspections against our set criteria
- 1,085 inspections of registered adult and children's services, including care homes for adults and children.

As you read through my annual report, you will see the impact of the pandemic woven throughout. Staffing pressures across the care sector continue to be one of the most significant issues raised with us by providers, with recruitment and retention of staff to the sector a particular concern. In our childcare and play sector, the most common reason given for child minders cancelling their registration was obtaining new employment. In some cases, the reason cited for this was the financial uncertainty caused by the pandemic.

There is much work to be done, and we are committed to working with providers, local authorities, and the Welsh Government to ensure improvements are made in key areas of concern.

So, as we roll our sleeves up and embrace the work ahead, I should like to pay tribute to my staff, who are unrelenting in their passion, drive and focus to make positive differences in the lives of so many. They are our greatest asset, and I am forever grateful for their hard work and steadfastness.

It remains a great honour and privilege to be the Chief Inspector of this organisation, and with the support of my staff, I have again felt privileged to lead the organisation through this challenging and extraordinary year.

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Gillian Baranski Chief Inspector



Reflections

Social care

Unprecedented increase in demand for care and support has created significant pressure on services.

There remains continued concern for the significant increases in demand across the social care sector. We know many people have delayed requesting services, or there has been breakdown of care during the pandemic. Often people's situations have deteriorated resulting in services being asked to support people with substantially more complex needs. This places an already tired, depleted and finite workforce under significant pressure. We are also aware many local authorities are experiencing an increase in the volume of safeguarding referrals where people may be at risk of harm. It has now become a major challenge for social care partners to work together to consider how services can most effectively be configured and funded to meet these demands and ensure sustainability.

Partnership working and a whole system approach has never been more critical if we are to ensure people receive the care and support they require.

The benefits of strong partnership working between health, social care and wider public services to create a whole system approach has been clearly demonstrated during the pandemic. So many barriers were overcome by working together. System improvements are needed to ensure we see this work continue to ensure sustainable outcomes for people. The risk is reversion to working in isolation, where the issues of funding and tensions in partnership working lead to people 'falling through gaps'. We should not accept the experiences of conflict between health and social care about funding arrangements as the norm, where a joined-up approach is often described by families as having to fight one's corner. If a truly person-centred delivery of care and support is to be achieved a change in practice is required to break down the health and social care divide.

Recruitment and retention of social care workers remains far from sufficient.

Workforce recruitment and retention in social care is at crisis point. If this is not addressed at a national level, local authorities and social care providers risk not meeting their statutory and regulatory duties. The impact on the lives of people using services is that needs are unmet due to limited support and lack of choice. Sufficiency of suitably qualified, skilled and experienced staff was a national concern prior to the pandemic. COVID-19 has created a perfect storm, drastically altering the stability of the social care workforce.

There is fragility within domiciliary support services.

Rebalancing care and support (2021) proposed that current arrangements for social care need to be strengthened and re-aligned in response to the range of challenges facing the sector, and to achieve the vision for social care set out in the Social Services and Well-being (Wales) Act 2014. There is a clear lack of domiciliary support capacity in Wales primarily linked to the difficulties in recruiting and retaining staff. This has resulted in providers being unable to continue to meet people's care needs, increased pressure on unpaid carers, people placed on long waiting lists, and some people going without care and/or staying in hospital longer than they need to. There is an urgent need to consider the sustainability of care providers in the context of the resources available.

There is placement insufficiency for children with care and support needs.

Children are needing support at a much younger age often due to the emotional and behavioural impact of adverse childhood experiences. Homes for children in residential care and foster care are difficult to access for those children and young people with the most complex needs. As a result, some children are being placed far from home and sometimes outside of Wales.

Even more concerning, an increasing number of children are moving into temporary care homes that are operating illegally because they are not registered with CIW. Welsh Government's commitment to ensuring children remain with their families wherever possible and aspiration and commitment towards reducing and ultimately ending profit making in children's care services aims to rebalance the sector.

Advocacy services are key to ensuring people's voices are heard and personal outcomes achieved.

We have been concerned about the erosion of some people's rights during the pandemic. Independent advocacy to support people to be heard and in control of their lives needs to be consistently made available to ensure this valuable service is actively promoted.

Support for carers is crucial if we are to provide and shape holistic care.

Carers are a critical partner in care and can be eligible for support whether or not the person they care for has eligible needs. Inconsistencies in carers being routinely offered assessments and the quality of assessments completed means carers may be left isolated, unsupported and in fear of deteriorating needs not only of themselves but the person they care for. Where people had been supported during the pandemic we

found this had a positive impact on their well-being. It is vital that engagement with carers is improved and assessments are consistently offered. This will help to ensure services are co-produced based on a relationship of equals between practitioners, people who need care and support, and carers who need support.

Childcare

There are challenges around increasing childcare provision whilst improving quality.

Nothing is more important than a healthy and happy childhood for a person's prospects as an adult. Welsh Government has appropriately ambitious plans to expand the amount and range of childcare and play opportunities available to families in Wales in the coming years. This is an exciting prospect for all — including CIW. Realising this ambition will mean overcoming three main challenges.

1. While the sector is remarkably resilient, it was hit hard by the pandemic. Most, but not all, settings have reopened. Our inspections strongly suggest many are finding it difficult to recruit and retain staff and are anxious about the future. Making childcare and play an even more attractive career for bright people is a necessity.

- 2. People working in childcare and play need to be supported and challenged to do the best possible job for the children in their care. This means helping them to be clear about how they are going to help children develop and thrive, with an underpinning theory of care based on evidence about what works. We have found the settings that do the best for children are those with a strong ethos and culture of child centred practice.
- 3. Childcare is a significant part of the Welsh economy. It employs many people and enables parents and carers to take up employment of their own. The primary focus for CIW, however, will always be on what is being achieved with and for the children who use these services. Expansion of the sector needs to be accompanied by a rigorous focus on how to ensure good or excellent outcomes for children. Very early evidence from our inspections, post pandemic, is that a minority of leaders and staff have forgotten or have not learnt some of the basic principles and practice of caring for children safely.





















Overview of our organisation

Who we are and what we do

We are Care Inspectorate Wales (CIW), the independent regulator of social care and childcare. We register, inspect and take action to improve the quality and safety of services for the well-being of the people of Wales.

Our values

Our core values ensure people remain at the heart of everything we do. We aim to demonstrate our values in everything we do.



Services regulated by us

Services we regulate and inspect:

- Care home services (adults and children)
- Domiciliary support services
- · Adult placement services
- Secure accommodation services
- Fostering services
- · Adoption services
- · Residential family centre services
- Advocacy services
- · Child minders and day care providers

We refer to these as "regulated services".

We also review the performance of local authorities in delivery of social services functions. We carry this out through a combination of inspection and performance evaluation activity. In addition, we inspect:

- Boarding schools
- Residential special schools (boarding arrangements under 295 days)
- Further education colleges, which accommodate students under 18
- Local authority fostering and adoption services.

"We focus on people's experiences and try to really understand the impact of services on their lives.

This helps us to improve the quality and safety of services for the well-being of the people of Wales. Our ambition is to build strong and trusting relationships with people, talking with as many people as we can."

Gillian Baranski, Chief Inspector, CIW



Engaging with people during the pandemic

People's experiences of social care and childcare in Wales are at the heart of everything we do as an organisation. In July 2020 we published our **engagement plan**, setting out our priorities and ambitions to ensure we continue to engage people in our work. Whilst the pandemic forced us to pause some of these commitments, it drove us to think creatively about how we engage with providers, get feedback from people receiving care, and staff working in services.

In 2021 we piloted a QR code poster campaign with care home providers across Wales.

This enabled us to gather feedback from those working in social care, relatives of those receiving care, and importantly, those living in care homes. As the pilot was successful, generating more than 870 responses to date, we plan to roll out the campaign to childcare and play providers in 2022–23.

Our Communication and Engagement team worked closely with Welsh Government policy colleagues throughout the early part of the pandemic, regularly updating care providers on guidance, changes in regulation and consultation opportunities. We issued more than 200 email bulletins and published regular statements about our approach to our work. This year we generated more than 255,000 visits to our website, regularly updating our Frequently Asked Questions (FAQs) section for providers.

We held eight virtual events for providers during 2021–22, many of which were recorded and published on our website to support those who could not attend the sessions. Delivering virtually has allowed us to offer a wider range of speakers, facilitate a larger number of attendees, and enable information sharing and discussion to happen between ourselves, care providers, Public Health Wales, Welsh Government, and Social Care Wales.



National Advisory Board

Reflections from Dr Ruth Hussey, Chair of the National Advisory Board



As chair of the CIW National Advisory Board, I lead the Board in monitoring, scrutinising and raising awareness of CIW's work.

In 2021–22, the Board has continued to meet virtually, with our focus being on how we can support and inform the way CIW continues to regulate, inspect and review services both during the pandemic and looking ahead to 2022–23.

Throughout the year, members have shared their real-life experiences as people who use services, carers, service providers and/or someone working in care and social services during these difficult times. This has included positives, challenges and learning, along with some

inspirational stories. In particular, the resilience and commitment of care sector staff and the adaptations made by organisations to continue to provide the best possible services has been remarkable.

The Board also spent time reflecting on the outcomes and learning from the Operation Jasmine inquests held in 2021. Positive changes have already been made since these tragic events took place, including how CIW works with others and regulates within the legislative framework (including the Regulation and Inspection of Social Care (Wales) Act 2016).

2021 was a milestone moment in the Board's history, with some longstanding members stepping down from their roles. We said a fond farewell to our departing members at the November meeting. Here are some of the comments they shared with us about their time on the Board.

"It has been a pleasure to be part of a team that is continuously striving to improve services and making resources more accessible, for everyone to have their say in how their personal service is working for them."

"I am so grateful to have had the opportunity to be part of the National Advisory Board and the work of CIW. It has given me a valuable insight into the complexities of commissioning and inspecting services." "Having the opportunity to listen, engage and learn from people using, supporting and providing care services across Wales is an integral part of our Board. Their lived experiences help to focus our priorities and inspire us to do everything we can to drive improvements, and provide assurance about the safety and quality of care services across Wales."

Gillian Baranski, Chief Inspector, CIW

On behalf of the Board, I would like to thank each of our departing members for giving their time so generously and for sharing their perspectives and ideas. Thank you for everything. We will miss you but look forward to welcoming our new members in the coming year.











Local authority social services

The impact of the COVID-19 pandemic

Local authorities in Wales faced overwhelming pressures in providing care and support during the pandemic.

COVID-19 further illuminated and exacerbated the fragility in our care system, and health inequalities and an aging population has intensified demand for adult social care. The inability of people to access support at the height of the pandemic led to them having increasingly complex needs. This is coupled with a workforce supply challenge in many key areas such as domiciliary support. Undoubtedly, sufficiency of workers was a national concern prior to the pandemic but the last two years has further destabilised the social care workforce.

Since the height of the pandemic the number of people waiting to receive healthcare has increased in Wales. Professionals across the system understand health and social care are inextricably linked and impacted by each other. The significant shortages in the social care workforce directly impacts on the health service, from being unable to discharge people from hospital to

community orthopaedic waiting lists. They must continue to improve how they work together providing integrated support to all citizens of Wales.

The lack of availability of social care has resulted in people being unable to access the right support at the right time which is vital to enabling people to remain independent.

In Wales there continued to be a focus on reducing the number of children in care by keeping families together in a safe, supportive environment. However, there were major challenges in the recruitment and retention of children's workers with vacancies outstripping supply. In common with adult services there was an increase in requests for support and an increase in the complexity of children's needs. In this context, maintaining a focus on prevention and early intervention, rather than responding to crisis, has been a real challenge.



Inspection

We developed new ways of working which reflected the challenging circumstances being faced by local authorities as a result of the pandemic. We continued to engage with senior leaders, directors, and heads of service in each social services department to review performance.

From September 2020 we started a programme of assurance checks in all 22 local authorities, with 11 of these being completed between April 2021 to March 2022. We also completed a joint inspection of child protection arrangements (JICPA) as well as follow-up inspection activity where necessary, focusing our resources where they were most needed to ensure people were safe. As this was the first national programme of assurance checks across Wales we published our findings in a National Overview of Assurance Checks in November 4 2021.

We also completed our inspection programme for disabled children and their families which had begun in 2019 and was delayed by the pandemic and published our overview report 'Let me flourish' in November 2021.

The focus of our work remained the 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 starting point is always to identify and highlight positive practice which delivers good outcomes for people.

Our findings came from a variety of methods including reviewing people's social care records, holding focus groups, interviews and conducting surveys. We spoke with social services leaders, managers and practitioners and their partners as well as listening to adults and children and their families and carers. Across our assurance check activities, we spoke to over 800 people who work in, work with, or experience social care services.

Adult services

We found many good examples of local authorities supporting people to maintain and promote their well-being. People were often active participants in designing their own care and support packages. Despite this we found the quality of care and support assessments and plans could be improved in many areas. Assessments and plans would benefit from more clearly detailing what actions are required in order to ensure people's outcomes are met and measurable.

We found good ongoing working relationships between professionals and people receiving care or care and support. Practitioners were open and honest about options available to people. In the best cases we saw people included in decision- making and heard many positive responses from individuals and carers about the support they received from local authorities. We saw positive examples of care and support being tailored to meet peoples' identified outcomes, replacing traditional needs-based planning and subsequent provision of generic services.

Unpaid carers play an important role in caring for their friends and family, and for some this can be a significant commitment. Their role is vital in supporting our health and social care system. We found not all carers were sufficiently well supported. People's care and support needs were at times unmet with increased pressures on carers. Many carers also reported the limitations on services due to COVID-19 restrictions had brought them to "breaking point".

In many areas we found people waiting for domiciliary support and other services, such as occupational therapy and therapeutic services. Whilst most waiting lists were well managed with the aim of limiting deterioration, we found many people losing physical or mental capability while waiting for services to begin. Some local authorities were able to take a proactive response to these challenges.

Statutory safeguarding duties continued to be met during the pandemic. We saw good evidence of safeguarding practice in adult services in line with statutory requirements with appropriate practitioners and representatives of relevant partner agencies attending safeguarding meetings.

Children's services

We saw multi-disciplinary teams providing intensive support to children and families to reduce the risk of children entering the care of the local authority. In many local authorities these teams included professionals from varied backgrounds with different qualifications, working flexibly, often out of hours, to enable children at risk of coming into care to remain with their families.

When children do need to come into care, sufficiency of appropriate services is a real concern. For young people needing intensive levels of care and support, we found local authorities were often unable to identify suitable places for them to live with skilled, trained and experienced foster carers. This is a high priority for senior management teams, corporate parents and portfolio holders, as well as partner agencies. One young person who has since left care, told us:

"In one year I had 8 foster carer placements - all my possessions were in a black bin liner so I learnt early on there was no point in unpacking this."

A positive finding from our work was that children were included and involved in their plans. Some local authorities actively encouraged children and young people to chair their own reviews with the necessary support if required. We found many older children and teenagers felt more able to attend and participate in care reviews and meetings undertaken virtually. Effectively involving children and young people in reviews helped increase their participation.

Young people who have since left care told us finding appropriate accommodation is sometimes a challenge, and the choices are limited in most local authority areas. We saw evidence of 'When I'm Ready' conversations taking place but heard how these could have begun at an earlier stage in teenagers' lives in a small number of cases. Some local authorities do not prioritise access to the housing register for young people leaving care, while others have developed accommodation pathways which explain processes and simplifies the application for young people.

We identified there was insufficient mental health support for children. We found misunderstanding and miscommunication about roles between Children and Adolescent Mental Health Services (CAMHS) and the local authority.

Young people who had left care spoke highly of the positive impact personal assistants had in their lives and how they supported them to gain new skills to live independently, to access jobs and education. It was heartening to talk to young people who had left care, who despite having many difficult years in their young lives, were pursuing careers in nursing and midwifery, social work, youth work, paramedics and many were applying to go to university.

Effective partnership to improve outcomes for people

"In one local authority we found the disabled children's team was integrated within the social services and housing directorate. Team members were positive about the integration and expressed the significant benefits of working with other teams within the directorate to deliver a joined-up service, improving safety and well-being outcomes for people."

Inspector, CIW

Improving outcomes for children and young people

As part of our assurance check programme, we visited a local authority where we found improvements were needed. These included the local authority consistently monitoring and promoting the safety and well-being of children, young people, and their families. We shared our concerns with senior leaders and as part of our ongoing performance monitoring, we re-visited social services later the same year to seek assurance of their progress. During our second visit we specifically focused on improvements, the experience of children and young people and whether statutory duties and responsibilities had been met.

We found the local authority had responded proactively to the areas for improvement. Further Improvements were required to ensure children and families have their voices heard; to ensure the quality of assessments and reviews are improved and these are produced in a timely manner in accordance with statutory timescales.

We continue to monitor progress alongside the local authority through routine performance review activities. Our national review of care and support for disabled children looked at how well disabled children were supported to reach their full potential and considered how different professionals, and organisations worked together in partnership with families, to ensure children have access to and received the right support at the right time. We also reviewed how effectively local

authorities were in ensuring disabled children and their families had their voices heard. We worked in collaboration with Health inspectorate Wales (HIW).

We found a lack of sufficient service provision to promote the well-being of disabled children. Many parents and carers told our inspectors they and their disabled children would have benefitted from additional services and support.

We also saw some positive examples of support provided to parents/carers which included access to parents/carers support groups and sessions. We saw examples of carer's grants being used creatively to support parents/carers for example to fund the purchase of a washing machine and short break for a parent/carer.

A key theme from the report is the importance of social care and health care services working seamlessly together with disabled children and their families, to promote the well-being of children in Wales.

Feedback from local authority staff

In each local authority we issued an anonymous staff survey for completion by all staff working in social services. We spoke directly to over 700 staff across Wales in focus groups and interviews. Our aim is always to speak to anyone who wants to speak to us. From this engagement we heard a mixture of positive messages and helpful suggestions for improvement.

We heard about the difficulties with recruitment and retention and how local authorities are working hard to address these. For example, we heard of some departments where there were challenges, engaging with agencies to retain stable practitioner cover; we heard about the 'grow your own' approach, which supports existing social care workers to qualify as social workers. The gaps and vacancies in teams add pressure on other members of the workforce who are already operating at increased capacity.

Despite this undoubted pressure many practitioners expressed gratitude for the support from managers and colleagues in their teams. Many reported they were tired but also felt their contributions were valued and workforce morale was generally good. We saw the efforts made to support staff well-being. This has been a priority in many local authorities, with staff able to access counselling, psychological and other support to assist them. Staff were able to access Care First, an Employee Assistance Programme, which one staff member described as a "great resource". Most practitioners we surveyed felt their caseloads were manageable.

Staff expressed concern about waiting lists for direct support such as domiciliary support and the impact this has on meeting people's outcomes effectively. They recognise the huge additional strain on unpaid carers during the pandemic and were acutely aware of the need to offer a wide range of resources to support people.

Adult and children's regulated services

Key facts

Services: 2,025 on the register

We saw an increase in the number of services registered as care homes for children. On 31 March 2021, there were 237 and 31 March 2022 there were 256 (an increase of 8%). Domiciliary support services also rose from 595 on 31 March 2021 to 614 on 31 March 2022 (an increase of 3%). The number of all other adult and children's services either remained the same or decreased slightly.

Variations: 991 received

We have seen an increase in the number of times the named Responsible Individual (RI) for services has been changed (25% increase from 2020–21 levels).

Concerns: 2,636 raised

We saw a significant rise in the number of concerns raised about staffing levels in services (128% increase from previous year). The concerns raised by staff working at services has also risen, with almost half (47%) of all concerns having been raised by staff working at services compared with 39% in the previous year and 28% in the year prior.

Inspections: 1,085 completed

The number of inspections increased from the previous year, from 352 in 2020–21 to 1,085 in 2021–22. The majority of inspections were of care homes for adults.

Enforcement: 693 Priority Action Notices issued

Whilst there was been a substantial increase in the number of PANs being issued to services, this reflects the increased number of services being inspected, with 23% (236) of inspections in 2021–22 resulting in PANs being issued, compared with 24% (94) in 2020–21. These notices are issued where we find poor outcomes for people.



Registration

Change to guidance and procedures

We maintained our flexible approach to to registration during the pandemic, adapting our approach in line with the various restrictions in place at the time.

This included:

- allowing applicants to self-declare any medical conditions and social services checks to reduce the burden on the NHS and local authorities:
- taking a risk-based approach to site visits and, where necessary, undertaking some virtually;
- · undertaking all registration interviews virtually; and
- undertaking virtual DBS checks.

Care homes for adults

| Number of services over time | | | | |
|------------------------------|--------------------|------------------------------------|---------------------------------|--|
| Time | No. of services | No. of services with nursing | No. of services without nursing | |
| Mar 2015 | 1,104 | 265 | 839 | |
| Mar 2016 | 1,109 | 267 | 842 | |
| Mar 2017 | 1,081 | 259 | 822 | |
| Mar 2018 | 1,082 | 262 | 820 | |
| Mar 2019 | 1,060 | 259 | 801 | |
| Mar 2020 | 1,053 | 263 | 790 | |
| Mar 2021 | 1,049 | 263 | 786 | |
| Mar 2022 | 1,033 | 260 | 773 | |

| Number of places over time | | | | | |
|----------------------------|---------------|--|---|--|--|
| Time | No. of places | No. of of places at services with nursing | No. of places at services without nursing | | |
| Mar 2015 | 25,852 | 11,433 | 14,419 | | |
| Mar 2016 | 25,612 | 11,542 | 14,070 | | |
| Mar 2017 | 25,753 | 11,408 | 14,345 | | |
| Mar 2018 | 25,993 | 11,657 | 14,336 | | |
| Mar 2019 | 25,655 | 12,019 | 13,636 | | |
| Mar 2020 | 25,493 | 12,391 | 13,102 | | |
| Mar 2021 | 25,466 | 12,408 | 13,058 | | |
| Mar 2022 | 25,332 | 12,452 | 12,880 | | |

Trends

We observed a very small reduction in the number of adult care homes and places being registered, compared with the previous year (a decrease from 1,049 care homes providing 25,466 places on 31 March 2021 to 1,033 care homes providing 25,332 places on 31 March 2022).

There remains a general increasing trend in the number of places provided for people needing nursing care, whilst the number of places for people who need personal care without nursing is decreasing. This is consistent with the approach to support people's

independence for as long as possible, which results in people remaining in their own homes or extra care housing for longer. As a result, people moving into care homes often have more complex needs which require nursing care.

The most common reasons given for services permanently leaving the market is the service no longer being financially viable, or providers no longer wishing to operate a care home service.

Of the new care home services entering the market, 100% were owned by private providers.

Domiciliary support services

There continues to be a general trend in the number of domiciliary support services increasing over time, although fewer new services registered this year than the previous year. A greater number of services cancelled their registration, with 15% of closures citing insufficient staff as the reason for closure.

Care homes for children

The increase in the number of care homes for children has continued, both in respect of the number of services and places available. New care homes for children were opened in 15 of the 22 local authorities in Wales, resulting in 78 new places.

Of the new services registered 86% were owned by private providers, with 14% being provided by local authorities. Of the small number of services leaving the market, the most common reason was due to the premises no longer being available for use by the provider.

Other services

The number of adoption services and fostering services have both declined, with no new services registering in the last year. The number of all other service types remained static.

Unregistered care homes for children

As the regulator of social care in Wales, one of our core functions is to ensure only those who are judged to be fit and are likely to provide good quality care are registered to do so.

The Regulation and Inspection of Social Care (Wales) Act 2016 (the 2016 Act) sets out and defines the regulated services which are required to register, including the definition of a care home service. Under section 5 of the 2016 Act, it is an offence to provide a regulated service without registration. We refer to this as operating without registration. This should not be confused with the term 'unregulated service' as this refers to services which do not require CIW registration.

Our Registration and Enforcement team deal with concerns about services operating without registration. We saw an increase in such referrals, from 10 in 2019–20 to 74 in 2021–22. The majority of these related to care homes for children

Despite an increase in the number of places available, there continued to be a lack of appropriate provision for children and young people with the most complex emotional and behavioural needs. This deficit has led to an increased number of unregistered children's care homes operating. This year we considered 69 concerns where a child was living in an unregistered service. In 43 cases, we found the service was operating as an unregistered children's home. Over 90% of the children living in unregistered services were under 16 years old.

The most common cause of a child being moved to an unregistered service was placement or family breakdown.

All of the services were provided by local authorities, although in many cases care was being delivered by staff from a care agency, not directly by the local authority itself. In most cases, the services ceased operating within 30 days, with only five services eventually becoming registered.

As the regulator, we are naturally concerned about services operating illegally, but our primary concern is the potential risks to children who are placed in an unregistered service. Not only do children lack the safeguards which come with a service being registered, but access to education and healthcare support can be made more problematic by living at a temporary address. In addition, most children will have to move to another service and consequently experience further disruption to their lives.

The impact of the COVID-19 pandemic

The social care sector has experienced another difficult and challenging year. Providers strived to provide a good standard of care, whilst dealing with severe staff shortages due to COVID-19 infection, recruitment and retention struggles, and fast-paced changing guidance and regulation. We have been inspired by providers who should be recognised and valued for their vital contribution to caring and supporting people across Wales.



Foreword

O2 Overview of our organisation



Visiting

The ongoing impact of COVID-19 resulted in continued limitations on visiting within care services. We found many providers used creative methods, outside spaces and technology to enable people to stay in contact with friends and families when face-to-face visits could not take place.

Welsh Government visiting guidance was revised on several occasions, to help providers to support people to see their family and friends. Providers told us managing these arrangements had implications for staffing services and ensuring the safety of people. This provided a challenge in enabling people to exercise their rights to see friends and family. Most providers worked

closely with colleagues from local authorities and health boards to facilitate visiting as far as possible in line with guidance.

Despite the efforts of many providers, we also received numerous concerns from people who wished to visit their relatives but had been prevented from doing so. In response we had discussions with providers and commissioners of services to ensure national guidance was being followed. In some cases, we undertook inspections. Where providers were not following guidance, we moved to our enforcement pathway, to ensure people were able to exercise their rights to see family and friends.

Staffing pressures

Staffing pressures across the social care sector continued to be one of the most significant issues raised with us by providers, with recruitment and retention of staff to the sector a particular concern.

In adult and children's services, ongoing outbreaks of COVID-19 continued to cause significant staff absence, impacting the smooth running of services and people's well-being. The pandemic also affected agencies which provide care workers to care homes, creating gaps in staffing, and little opportunity for providers to access additional support to maintain the services they provide.



Concerns raised about staffing levels in services significantly rose (128% increase from the previous year, 174 rising to 396 in 2021–22).



Concerns raised by staff working at services also increased, with almost half (47%) of all concerns being raised by staff working at services compared with 39% in the previous year.



There was a 45% increase in changes of managers.

This along with a 25% increase in changes to RIs presented instability in leadership and management with implications for continuity of care and impact on people's well-being.

Responsible Individuals (RI)

Since the implementation of the 2016 Act, all registered services are required to designate a RI from director level within the organisation. The intention is to ensure a designated person at an appropriately senior level holds accountability for both service quality and compliance. Providers told us the pandemic had impacted their ability to fully develop the role of the RI in line with legislation. The role of the RI in oversight of services is crucial to ensure quality of care and support provided. In 2021–22 we continued to see changes to the designated RI across adult and children's care homes and domiciliary support services (a 31% increase in removing RIs). This lack of consistency and instability in the RI role is also reflected in our findings at inspection in relation to failings of leadership and management.

In response we held bespoke virtual events for RIs to discuss with them their responsibilities and the resources available to assist them in the role. As well as using our legal powers we will continue to work with other agencies to facilitate improvement in this area.

It is paramount the people responsible for oversight and management of services are effective in their role to ensure good quality and safe care for people.

Notifications

Outbreaks of infectious diseases (which would include COVID-19) and deaths of people using the service made up almost half (47%) of the 37,038 notifications received for adult and children's services. There had been a 45% increase in changes of managers from the previous year.

We were particularly concerned about the high numbers of notifications about incidents of children going missing from their care home. We continued to monitor this to ensure children are appropriately safeguarded. We worked collaboratively with the Welsh Government, police authorities and providers to strengthen the arrangements.

Concerns

We have seen an increase in the number of concerns raised with us over the past two years. This mainly relates to adult and children's care homes and domiciliary support services. In the last year there has been a 23% rise in concerns reported to us and whilst we have continued to see a rise in relation to adult care home services, one of the most significant increases relates to care homes for children (44%).

In 2021–22 the number of concerns raised with us about staffing rose to more than double the pre-pandemic level across adult and children's services (from 187 in 2019–20 to 396 in 2021–22). This may be due to the impact of staff self-isolation during the pandemic and general recruitment and retention pressures in social care.

While just over half of concerns were raised by professionals, relatives and visitors, the number of concerns from staff working within regulated services has increased by 152% from pre-pandemic levels (from 492 in 2019–20 to 1,238 in 2021–22). Many of the concerns raised by staff were in relation to the impact of work pressures and decreased staffing on their ability to provide good quality, safe care.

It is positive to note that people employed in services are increasingly willing to bring concerns to the attention of the regulator, although this raises questions about the extent to which staff feel able and confident to approach their employer. This should also be considered alongside the continued issues around leadership and management within the care sector and is illustrative of the enormous strain on staffing in the social care sector.

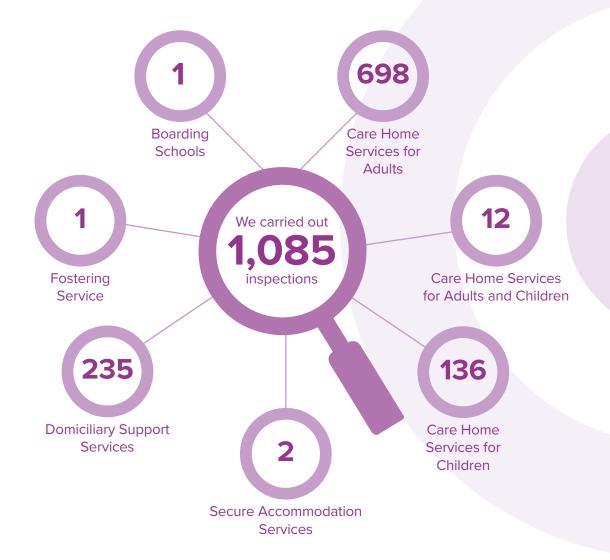
In response to concerns raised with us we undertook a range of actions including referral to local authority safeguarding teams, requesting providers to investigate the matters raised, carrying out urgent inspections, or reviewing the issues raised at the next scheduled inspection.

Inspection

We continued to prioritise our inspection of services by using the information we hold about services. Our approach to inspections included a set of key lines of enquiry from our inspection framework, with additional areas of focus depending on the analysis of the information we hold about individual services.

The number of inspections increased from the previous year, from 352 in 2020–21 to 1,085 in 2021–22. This reflected the easing of COVID-19 restrictions, along with our response to concerns, the prioritisation of inspections of new services and follow-up inspections of services where failings had been identified.

We found providers demonstrating innovative approaches to care, and staff working hard to make a difference to the people they support. In 77% of the inspections we completed during the year, we identified no major concerns.



Case Study

Positive practice: Supported living

"We inspected a domiciliary support service which provides care and support for people in supported living. We found them to have a creative, responsive approach to engaging people with complex needs in activities which were meaningful to them. This included setting up a social enterprise scheme to grow and sell produce whilst learning on a practical level about environmental matters, such as water conservation and composting garden waste.

One of the larger services had worked with people who use the service to clear a previously overgrown area in the garden, to create a number of individual allotment patches with a sensory garden section. Local businesses funded a large polytunnel for this area to further support the social enterprise. All profits from the scheme are reinvested for further projects.

People have told us the support and encouragement they have received has helped them to integrate into their local community. They had built their confidence and self-esteem by learning new skills, following previous interests, and working as volunteers in the communities they now live in."

Inspector, CIW

In care homes for children, we saw several services which had gone the 'extra mile' to enrich children's life experiences and this had significantly enhanced their well-being and overall outcomes. We have also continued to see the positive impact on children and young people where services are providing holistic care, education and therapy, using a clear model of care. In most care homes for children we inspected, we found children had settled back into their general routine, and were back in school and re-establishing relationships with their families.

Due to the nature and complexity of concerns, we saw an increase in the number of services requiring more than one inspection during the year, with 14% of the 929 services inspected in 2021–22 being inspected more than once, compared with 9% in 2020–21.













Enforcement

While there were failures in some services, there were also many positive findings from our inspections.

Due to the increased number of inspections and some providers struggling with their provision of care during the pandemic, we saw a rise in the number of Priority Action Notices (PANs) we issued.

- We issued 693 PANs in respect of 189 services, in comparison to 300 PANs to 109 services in 2019–20.
 This illustrates the increased level of serious concerns found when inspecting services.
- 23% of inspections in 2021–22 resulted in PANs being issued compared with 24% in 2020–21. However, both years show a marked increase from 11% in 2019–20. This may be because, we prioritised inspection of services where we had concerns during the pandemic and so we were more likely to find poor outcomes for people.
- The majority of PANs issued related to the theme of leadership and management. We found providers and Rls had not put in place robust governance arrangements to ensure the service operated effectively. Where we found staffing levels to be a concern, often no contingency planning had taken place. Lack of training and support for staff was also a concern. We found these shortfalls had a significant impact on outcomes for people.

Securing improvement – adult and children's services

In 2021–22 we found:



189

services did not meet legal requirements



51%

Our follow-up visits confirmed that:

of providers had taken appropriate action by March 2022.



And we issued

693

Priority Action Notices (PAN)



7

services remained on our Enforcement Pathway



The majority of these related to Leadership and Management



(3)

The remaining **86** had been given time to make the required improvements and we will return to test this at an inspection

- Where regulatory failure was found, we followed up with repeat inspections in line with our enforcement pathway. Of the 189 services where PANs were issued, 51% were found to have improved by 31 March 2022
- Seven of the remaining services were considered on our enforcement pathway. The remaining 86 had been given time to make the required improvements and we will return to test this at an inspection.

The positive impact of inspection

"We conducted an inspection of a care service following a safeguarding concern. The inspection identified significant failings at the service and children had been placed at risk of harm due to leadership and management failings. We issued 10 Priority Action Notices and the service was referred to CIW's Improvement and Enforcement Panel.

We inspected the service again and found significant improvements had been made. The provider said they were 'very happy with the inspection process' and they 'felt able to approach our designated inspector, for advice and guidance since reopening the service. This has made it far easier to discuss potentially difficult information. I have been treated with respect throughout and my views have been listened to'."

Inspector, CIW

Welsh language

Welsh Government has set out a strategic plan to strengthen Welsh language provision which states:

"An 'active offer' simply means providing a service in Welsh without someone having to ask for it. The Welsh language should be as visible as the English language."

Therefore, not only should a service be able to provide the Welsh language, it should be doing so in a way that is as equally accessible as English.

The main operating language of services as at 31 March 2022 was English with 80% of services operating in English (1,621 services out of 2,025).

The period 2021–22 saw a decline of 10 services that operate in Welsh, or Welsh and English, which includes a reduction of 83 places in care home services.

Whilst only 23% of all services (461 services) stated they are currently providing the active offer, this has increased from 21% on 31 March 2021.

For adult and children's services, we clearly record in our inspection reports whether the service is achieving, working towards or not making an active offer to people in relation to the Welsh language.

Childcare and play services

Key facts

Services: 3,574 on the register

We saw an overall decrease in services (-8%) and places (-4%) registered for childcare and play when comparing the last two years, with the largest decrease in numbers of child minders. The decrease in services has been ongoing for a number of years; however, the decrease in places has been most significant over the last year.

Variations: 1,079 received

Applications to vary registrations have increased significantly from the previous year with the most significant increases relating to cancellations of services (47%), RI and Responsible Person changes (47%) and variations to the maximum capacity of the service (73%).

Concerns: 528 raised

We saw a significant rise in the number of concerns we received (63% increase from previous year). 21% of all concerns raised were from people working at services compared with 15% in the previous year and 11% in the year prior.

Notifications: 13,339 received

Outbreaks of infectious diseases (which would include COVID-19) made up the largest proportion (30%) of the 13,339 notifications received for childcare and play services, and also represented the most significant increase in notifications, increasing by 293% from the previous year.

Inspections: 570 completed

The number of inspections increased from the previous year, from 93 in 2020–21 to 570 in 2021–22.

Enforcement: 149 Priority Action Notices issued

The majority of PANs issued related to the theme of leadership and management. Of the 59 services where PANs were issued in 2021–22, 56% had resolved some or all of those issues, with 3% on the enforcement pathway and the remainder awaiting re-inspection as at 31 March 2022.



Registration

In March 2022, there were 3,574 services providing 81,426 places for children. Overall there has been an 8% (308) reduction in the number of registered childcare and play services and a 4% (3,082) decrease in the number of places available.

There has been a 13% (245) reduction in the number of registered child minders and an 11% (1,615) reduction in the number of places available for children with a childminder. This is because the number of new childminders applying to register declined by 51% and those cancelling their registration increased by 58% from the previous year.

| Number of services & places | | | | | | |
|-----------------------------|--------------------|------------|-------------------------|------------------|------------|-----------------------|
| | Number of services | | % change in services | Number of places | | % change in places |
| | 31/03/2022 | 31/03/2021 | 31/03/2022 | 31/03/2022 | 31/03/2021 | 31/03/2022 |
| Child Minder | 1,686 | 1,931 | -12.7% | 13,517 | 15,132 | -10.7% |
| Creche | 14 | 17 | -17.6% | 406 | 457 | -11.2% |
| Full Day Care | 1,015 | 1,010 | 0.5% | 39,412 | 39,134 | 0.7% |
| Open Access Play Provision | 38 | 40 | -5.0% | 2,931 | 2,960 | -1.0% |
| Out of School Care | 358 | 385 | -7.0% | 14,723 | 15,484 | -4.9% |
| Sessional Day Care | 463 | 499 | -7.2% | 10,437 | 11,341 | -8.0% |
| Grand Total | 3,574 | 3,882 | -7.9% | 81,426 | 84,508 | -3.6% |

The most common reason given for childminders cancelling their registration was due to obtaining new employment. In some cases, the reason cited for this was the financial uncertainty caused by the pandemic.

There has been a 3% (63) reduction in the number of registered day care services from the previous year, with a 2% (1,467) reduction in the number of places available for children. Primarily this is because there was an increase in the number of day care providers leaving the market with closures being mainly shared across full day care, sessional day care and out of school provision. The pandemic was frequently cited as a catalyst for providers leaving the market, resulting in either the service no longer being financially viable, or the premises no longer being available to rent or lease.

We approved 152 applications from day care providers requesting to vary the maximum number of places they were registered to provide. Over a quarter of these applications were seeking to reduce the number of places the service was registered to provide, often in response to managing staffing challenges.

It is highly likely the pandemic has affected the figures for 2021–22, with some services deciding to close permanently following a period of temporary closure due to an outbreak of COVID-19, lack of staff, or both.

Welsh language

Welsh Government has set out a strategic plan to strengthen Welsh language provision across childcare and play services, and a key part of this strategy is for these services to provide a Welsh language 'active offer'.

The strategy states:

"An 'active offer' simply means providing a service in Welsh without someone having to ask for it. The Welsh language should be as visible as the English language."

Therefore, not only should a service be able to provide the Welsh language, it should be doing so in a way that is as equally accessible as English. However, it does not require that the service operates in Welsh, but that language needs are considered by the service on an individual basis

The main operating language of settings as at 31 March 2022 was English with 75% of places provided by services that operate mainly in English (64,400 places out of 81,426).

The period 2021–22 saw a decline of 488 in the number of Welsh, or Welsh and English places in settings. Most childminders and children's day care services operate mainly in English.

Whilst only 18% of all services (627 services) stated they are currently providing the active offer, this has increased from 16% in 31 March 2021.

The impact of COVID-19

Childcare and play settings provide a vital service to children and families in Wales and also make a significant contribution to the Welsh economy. During the pandemic, those settings which managed to stay open enabled essential workers to get to work. For children, the chance to see familiar faces and surroundings supported their well-being during very difficult times.

Our engagement with providers, whether through monitoring calls or inspections, helped us to understand the pressures on all and appreciate the astonishing resilience and creativity of many. We heard of settings' efforts to adapt to rapidly changing advice and guidance about keeping children and staff safe. Some services that closed managed to stay in touch with children and their parents, for example, by holding virtual story or song time sessions. As the pandemic and restrictions eased, many services faced continuing pressure in recruiting, retaining, and deploying sufficient staff to meet the requirements of regulations and keep children safe. Some settings that use premises other than their own, for example out of school clubs, faced difficulties in negotiating with landlords to reopen. Yet, by 31 March 2022, only 198 services remained temporarily closed due to COVID-19

Concerns

There were 528 concerns raised against 334 services in 2021–22, the majority (379) about full day care settings. Not surprisingly, the total is higher than the number for the previous year when many settings were temporarily closed. The total for 2021–22 is also higher than the most recent pre-pandemic year of 2019–20 (439). It is too early to know whether this increase in concerns suggests a medium or long-term trend.

The most common concerns raised were around leadership and management (46%) followed by care and development (21%). Our response depended on the nature of the concern. In some cases, we asked the provider to investigate and report back to us, in others we considered the matters raised at the next scheduled inspection, or brought forward the inspection of the service. Where necessary we inspected within 24 hours of a concern being received.

Responding to concerns

We received a concern relating to the numbers of qualified staff within a childcare service. We discussed this with the provider and ask them to investigate. The provider took the concern very seriously, conducting a full and thorough audit of internal processes. This resulted in the provider identifying several shortcomings related to the topic of the concern and also other areas. They were able to implement changes to strengthen practice and process and we received the following comments.

'We have done more reflective practice than ever before. We could see that there were issues that needed to be addressed and we have worked closely with our staff to overcome these and we can see from the review we did last night that we have been successful in doing this.

We would like to take this opportunity to thank you for letting us hold our own investigation, we have learned a lot and have made a number of changes which have all been for the better.'



Inspection

In April 2021, COVID-19 infection rates began to fall, vaccinations increased, and all children started to return to school. At this point we started to undertake more on-site inspections and no longer confined our inspections to services where there were significant concerns about safety and well-being. We phased out monitoring calls as the pandemic eased.

| Childcare and play services - Number of Inspections by Service Type | | | |
|--|-------------------------------|--------------------|--|
| Service Type | Service Sub Type | No. of Inspections | |
| Child Minder | | 182 | |
| Day Care | Full Day Care | 285 | |
| | Open Access Play Provision | 2 | |
| | Out of School Care | 42 | |
| | Sessional Day Care | 59 | |
| Total | | 570 | |

We undertook 570 childcare and play inspections during 2021–22, prioritising the inspections against our set criteria rather than recommencing the routine inspection programme. A small number of settings (31) were inspected more than once.

Most settings, as our ratings show, do an adequate or good job for the children and families who use them. Our published inspection reports, which increasingly feature ratings, can be used to understand the features of a good or excellent setting. Our analysis of what helps a setting to excel remains consistent and includes the following.

- Strong leadership from the Registered Person (RP) / Responsible Individual (RI)
- 2. Shared ownership and commitment to the setting by staff as well as leaders
- 3. Strong ethos and culture of child centred practice
- 4. Planned and stimulating activities for children

As the sector emerges from a very difficult two years, we will do all we can to support and challenge more settings to further develop these and other features and achieve the best possible outcomes for children.



Case Study

Positive practice: Encouraging independence

At a recent inspection I observed the lunchtime routine. The children helped to prepare the table by counting out place names and setting a place for each child. They then collected cups from the kitchen cupboard and placed the cups on the table. I was expecting a member of staff to hand them a stack of plastic cups, however, I was very wrong! They used real crockery and bone china cups and the children took turns to pour their drink of choice.

Children who wanted to heat up their lunch were supported to use the microwave safely. When the children decided they had finished, they returned their dirty dishes to the sink and placed the rubbish in the bin and returned to the playroom. This was so lovely to witness as the children really were demonstrating independence.

Inspector, CIW



Ratings provide clarity for parents and the public about our judgements. They are a means of recognising good work and highlighting areas where performance could be improved. As such, they have an important part to play in promoting good outcomes for children. Ratings have been published for inspections of childcare and play services since April 2019. The ratings framework covers four inspection themes of well-being, care and development, environment and leadership and management.

In response to the COVID-19 pandemic, routine inspections were paused and ratings temporarily suspended in March 2020 before being resumed in November 2021. A second suspension of published ratings took effect from 19 January 2022 in recognition of the pressure experienced by settings as the Omicron variant struck, with many services struggling with recruitment and retention of staff. With the decline in Omicron and the gradual easing of restrictions, we will be publishing ratings from 4 April 2022.

Since we started awarding ratings very few services have received a poor rating. Where a poor rating was awarded, it was most frequently in relation to the leadership and management theme. In the coming years, as more settings are given ratings, CIW and policy makers will be able to use them to arrive at a reliable assessment about the quality of settings and the strength of the sector.

Joint inspection with Estyn

Our joint inspection programme with Estyn was established in January 2019. Together, we inspect the care and education of children in non-maintained settings which are eligible for funding for part-time education.

Having suspended the joint inspection programme in late March 2020, we reviewed the decision each term. The suspension remained in place until January 2022. During the pause in inspection, we liaised with a range of stakeholders to evaluate whether any adjustments were required to the framework. We used this feedback to make amendments and published a revised framework in November 2021.

Joint inspections resumed in January 2022, with ratings temporarily suspended. The findings from our first few inspections between January and March 2022 confirmed that some providers continued to do a good or excellent job for the children and families they serve. Others, however, were less confident than before the pandemic, with some of the basic requirements in providing a safe service for children, including the understanding of safeguarding. Where necessary, we took appropriate enforcement action with these providers. It is too early to say if these examples constitute a more significant trend in the sector. We will monitor the situation closely during 2022–23.





O2 Overview of our organisation







Enforcement

We respond to non-compliance with regulations (where we find poor outcomes for people, or risk to people's well-being) by issuing a Priority Action Notice (PAN). The provider must take immediate steps to address this and make improvements. Where they fail to take action by the target date, we may escalate the matter to an Improvement and Enforcement Panel.

This year we issued 149 PANs against 59 different services. The percentage of inspections resulting in at least one PAN (13%) is similar to the figure for the previous year (11%) and significantly higher than the figure for the pre-pandemic year of 2019–20 (6%). This is likely to be a result of CIW inspecting in response to concerns during the pandemic instead of following a routine inspection programme.

In each of the three years from 2019–22, the most common inspection theme resulting in a PAN was leadership and management. Each year, around three quarters of the PANs issued are concerned with this theme. This partly reflects the way in which regulations are framed, with an understandable emphasis placed on the responsibilities of leaders to deliver a safe service of good quality.

Securing improvement – childcare and play services

In 2021–22 we found:



59 services did not meet legal requirements



Our follow-up visits confirmed that:



56% of providers had taken appropriate action by March 2022.



149
Priority Action Notices (PAN)



services remained on our Enforcement Pathway



The majority of these related to Leadership and Management



The remaining **24** had been given time to make the required improvements and we will return to test this at an inspection

Securing improvement: outcomes for children

We received a concern from a member of the public relating to staffing, record keeping and the environment at a childcare service. A subsequent inspection found several issues and seven Priority Action Notices were issued; three of these were urgent. Whilst the provider took action to rectify some of the issues, further concerns were received and following meetings with the provider and two further inspections, we decided to suspend the registration of the service.

While the service was suspended we met again with the provider, who was able to provide evidence of work carried out to rectify the issues and ensure safe delivery of the service. Having considered the evidence provided, the suspension was lifted and a further inspection was carried out to test the effectiveness of the new procedures. Practise at the service and outcomes for children were seen to be much improved and the service was rated 'good' for well-being.



Safeguarding people

It is one of our statutory duties to protect and promote the health, safety and well-being of people who use services. Our inspection and performance evaluation of providers and local authorities helps ensure services operate and maintain environments, systems and processes in which risks to people's health, safety and well-being are effectively addressed.

Safeguarding incidents are recorded when information received by CIW indicates a registered service is implicated in a child, young person or adult suffering harm or being at risk of harm. The highest number recorded

related to adult care home services (1,916) and domiciliary support services (972) with 54% of safeguarding incidents related to neglect and physical injury.

Through inspections and concerns received, our childcare and play inspectors noted an emergent theme around general misunderstanding and expectations of some providers in relation to their safeguarding responsibilities. This has resulted in CIW taking enforcement action including suspending or closing services. To aid improvement and development, an information session was arranged for the childcare and play sector.



Joint Inspection of child protection arrangements (JICPA)

In June/July 2021 we led a JICPA in Neath Port Talbot. This collaborative inspection by CIW, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), Healthcare Inspectorate Wales (HIW), Her Majesty's Inspectorate of Probation (HMIP) and Estyn evaluated the effectiveness of the arrangements and practices to safeguard children with the key line of enquiry being child exploitation. This followed a successful JICPA in Newport in 2019.

This joint inspectorate programme, albeit held up by COVID-19, will continue in 2022–23. Reflecting on a series of tragic deaths of children in Wales (and England) in the last year, our planning will focus on a systems review of child protection in each regional safeguarding board/health board area in Wales to assist in identifying positive practice and any areas for improvement.

Child Sexual Exploitation

In February 2022, the Independent Inquiry into Child Sexual Abuse (IICSA)'s report on Child Sexual Exploitation by Organised Networks highlighted the deficits in protecting some of our most vulnerable children, including those living in residential care. The Children's Commissioner for Wales also contacted us to share her concerns about risk to vulnerable children.

Missing children episodes are a known risk indicator of exploitation and is a notifiable event for children's care homes. Our evaluation suggests responding to missing episodes requires a refocus by local authorities, providers, and partner agencies as we have seen fragmented responses to addressing risk and safety in some areas. We are continuing to work on analysing data and developing networks with the police force areas.

Independent Inquiry into Child Sexual Abuse (IICSA) in residential schools

We were called to give evidence to the IICSA about residential schools. The final report was published in March 2022. The investigation looked at the nature and extent of incidents of child sexual abuse in residential schools and the responses to those allegations by the schools and other organisations. The investigation mainly related to services which operated in England. However, it also examined a boarding school in Wales where safeguarding shortfalls had been identified, during a joint inspection by Estyn and ourselves.

The inquiry identified several key areas where improvement was required to ensure children living away from their families in these settings were appropriately safeguarded. The report highlighted the vulnerability of disabled children and those children living in boarding schools from overseas. It identified the cultural aspects of these services; they were often closed settings with limited oversight from external stakeholders.

We have identified how the outcome and recommendations of this inquiry will influence and shape our work.

Operation Jasmine

Operation Jasmine was an inquiry by Gwent Police into allegations of neglect at a number of nursing homes in South East Wales from 2005 to 2013.

Following inquests in early 2021 about people who died in the care homes considered by Operation Jasmine, we held a series of CIW learning events. In December 2021, we worked in partnership with Caerphilly County Borough Council, Aneurin Bevan University Health Board and Social Care Wales to facilitate an online reflection and learning event in the Gwent area. Much has changed since these tragic events; however, it is important we do not become complacent and continue to reflect, learn and improve. The session was chaired by Dr Ruth Hussey and a recording of the webinar made available to CIW, health, and local authority staff across Wales.

A summary briefing is included overleaf.

Background

Operation Jasmine was a wide-ranging investigation carried out by Gwent police between 2005-2013, into the deaths of 63 people living in care homes in South East Wales.

In 2002, Dr Das ran 21 care home services but by 2006 there was just one remaining home. Five were closed by CSIW by 2006. There was a shortage in provision of care homes for people living with dementia and

Dr Das owned the only two such homes in Caerphilly.

The Flynn Review was commissioned in December 2013 and the report 'In Search of Accountability' was published in May 2015. It made 12 recommendations, including that inquests should be held. As a result, inquests into the death of 7 people who lived in Brithdir Care Home, owned by Dr Das, were held between January and March 2021.



Why it matters

As part of these inquests, the coroner was exploring the role of the state agencies in these deaths, what they knew, who they told, and what action they took to protect people.

Agencies involved were the then Caerphilly Local Health Board, Caerphilly County Borough Council, and the regulator, Care Standards Inspectorate Wales (now CIW).

The coroner concluded the deaths of five people were contributed to by neglect.

People were being 'warehoused', and 'de-humanised', there was poor staffing levels and severe lack of monitoring. observation and care planning.

We know that much has changed in how local authorities, health boards and the regulator operate now, and in social care legislation. However, we need to reflect on the findings of the Operation Jasmine inquests and learn from these terrible events.

Key findings

Four key themes contributed to the resultant neglect:

Legislation: new legislation and frameworks were in their infancy and very unfamiliar to those having to operate them.

Provision: At the time alternative provision was limited, which led to Dr Das being given too many chances.

Agency actions: Health, local authority and inspectorate staff worked in good faith, but agencies were too focused on systems and process and as a result lost sight of the individual person. Actions taken by the health board and local authority to provide support to the home to improve care, while necessary to protect people, made it difficult for action to be taken to close the home. Local authority reviews were not undertaken in a timely way.

Missed opportunities: agencies should have acted more promptly and robustly to deal with failings. There was a recognisable pattern that should have been noted.



What to do if you're concerned

If you're worried about someone you care for or who may be at risk, or want to raise a concern about care services please contact Care Inspectorate Wales via an online form here or telephone on 0300 7900 126 option 2.



7 Minute Summary

Operation Jasmine 2021













Key questions to consider

Watch the Operation Jasmine learning and reflection event webinar we held in December 2021, here.

Here are some questions to encourage group discussion and reflection:

· is practice, recording and organisational culture outcome focused?



- · how effective are we at communicating with other agencies?
- · do we ensure actions are explained, noted and acted on?
- how well do we currently respond to fluctuating performance?



Focus on outcomes for people – what matters to them: Avoid getting lost in the process or distracted, and focus on what needs to happen to improve outcomes for people.

Services which fluctuate between poor and adequate should be a cause for concern and should be responded to consistently.

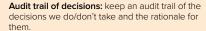
Be curious: test the accuracy of records to provide the complete picture of care and outcomes.

Training and competence: training needs to be effective in improving staff competence, not just

Negative cultures leading to abuse: be mindful of the signs of negative cultures in services and take action if witnessed.

Share information and intelligence: this enables the clearest picture and best evidence about the quality of services.

Work together: the best outcomes for people are achieved when working together to improve quality and safety of services.



Meeting minutes: ensure minutes of meetings are clear, complete and accurate with agreed actions clearly set out.

Action Plans: own or delegate actions and respond when the actions are not met.

Escalation and oversight: ensure there are well defined systems to escalate issues and report to the executive team.













Deprivation of Liberty Safeguards

We continue to monitor Deprivation of Liberty (DoLS) on behalf of Welsh Ministers and published the **2020–21 DoLS report in March 2022**. DoLS ensure people's human rights are protected and maintained, and that the care they receive is in their best interests and delivered in the least restrictive way.

The COVID-19 pandemic had a significant impact on the DoLS assessment process and compared to previous years the total number of DoLS applications to local authorities decreased by 12%, with 18 of the 22 local authorities reporting a decrease.

Both the UK and Welsh Governments have consulted on new regulations which will replace the Deprivation of Liberty Safeguards with Liberty Protection Safeguards (LPS). The new LPS regulations aim to strengthen important rights and protections for people who lack the mental capacity to agree to care, support or treatment arrangements, where these arrangements amount to a deprivation of liberty.

We have been working collaboratively with the Welsh Government, Estyn and Healthcare Inspectorate Wales (HIW) towards the implementation of the LPS in Wales. We have developed a draft monitoring and reporting strategy for Wales. The strategy describes how we will discharge our responsibilities for monitoring and reporting on LPS.











Annex









80,000





Financial budget and breakdown

| Our allocated budget for 2021–22 was: | 14.233.000 |
|---------------------------------------|------------|

We also received funding to support:

The implementation of the Regulation and Inspection 413,993 of Social Care (Wales) Act 2016

The development and implementation of online Self-Assessment of Service Statements (SASS) for childcare and play services and for administration of the Voluntary Approval Scheme (known as the Nanny Scheme).

Total funding 14,726,993

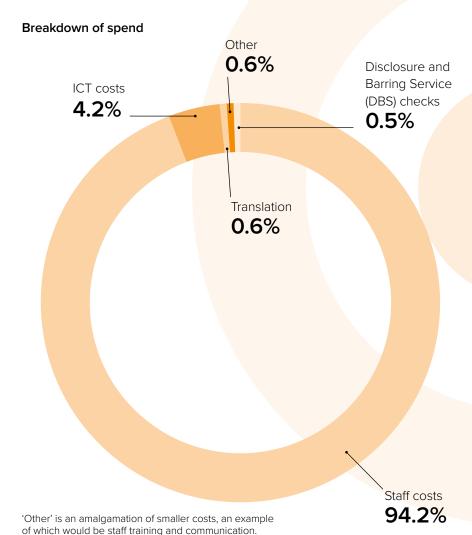
Costs

Staff costs 13,687,334

Non-staff costs (ICT, translation, telephony, travel and subsistence etc) 836,420

Total costs 14,523,753

By the end of the financial year, £13,687,334 was spent on staff costs and £836,420 was spent on non-staff costs with 84% of the staff costs representing inspection and regulation activity.













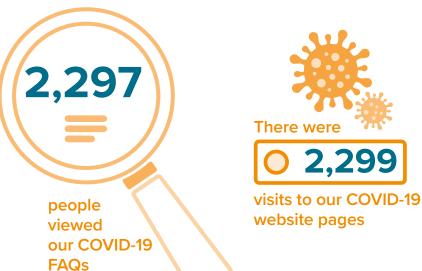
Communication and engagement

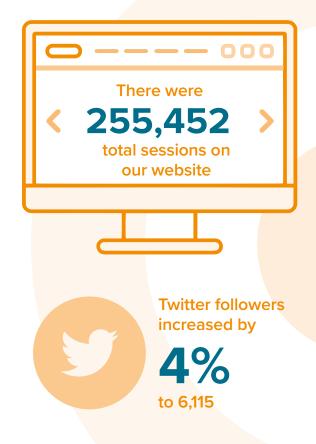




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0300 7900 126



CIW@gov.wales



careinspectorate.wales

Care Inspectorate Wales

Welsh Government office Sarn Mynach Llandudno Junction **LL31 9RZ**







