

Andrew Jarrett  
Director of Social Services, Health & Housing  
Neath Port Talbot Council  
Civic Centre,  
Neath,  
SA11 3QZ

Date: 10th October 2024

Dear Mr Jarrett,

## **Care Inspectorate Wales (CIW) - Assurance Check of Neath Port Talbot Council Adult Services**

This letter describes the findings of our assurance check on 17 – 19 September 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.

### **Introduction**

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

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 Integration, Well-being.

### **Our focus was on:**

## **People - voice and control**

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?

## **Prevention**

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

To what extent are adults provided with care and/or support in a timely manner?

How are waiting lists managed, to minimise the impact on people and their carers?

## **Well-being**

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

How well are people supported to actively manage their well-being and make their own informed decisions so that they can achieve their full potential and live independently for as long as possible?

## **Partnership**

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?

## **Terminology and Quantity Definitions**

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

### **1. Summary of Assurance Check**

- 1.1 Adult services benefits from visible and accessible leaders. Staff describe timely and good quality supervision which meets their development needs. Practitioners are enthusiastic about their work, and there is an embedded learning culture.

- 1.2 The Deprivation of Liberty Safeguards (DoLS) team aims to ensure appropriate legal protection for individuals. Leaders are working with practitioners to develop and improve systems for identifying and assessing DOLS in a timely and robust way.
- 1.3 The local authority responds to most safeguarding enquiries in a timely and proportionate manner. Effective collaboration among partners is evident in the development of risk management plans, with strategy meetings encouraging professional challenge.
- 1.4 People do not consistently experience care planning which is strength based. Assessments, plans and reviews would benefit from increased focus on the voice of people and their personal outcomes.
- 1.5 There is insufficient evidence of consistent quality assurance that results in improved practice and outcomes for people.
- 1.6 Practitioners, people, and carers describe limited services in the community that meet the holistic well-being needs of people. There is a disconnect between strategic views on the availability and quality of preventative services, and the experiences of staff and people.
- 1.7 Carers report difficulties in accessing support, and there is variability in the quality and timeliness of assessments and services for carers. There is a need for a more consistent and timely approach to offering and undertaking carers' assessments, ensuring their voices are heard and their needs are met.
- 1.8 Partnerships at various levels need strengthening to ensure integrated, high-quality services resulting in positive outcomes for people. Strengthening the voice of people in these forums and working with key stakeholders is essential to meet population need.

## **2. 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**

- 2.1 Many people are treated with dignity and respect when contacting social services.
- 2.2 Leaders are accessible, approachable, and maintain regular contact with practitioners, fostering a supportive and connected environment.
- 2.3 Practitioners are enthusiastic about their work, and nearly all described their colleagues and managers as supportive. Staff are proud of their practice and the work they do to safeguard and support the well-being of people.
- 2.4 Practitioners receive regular formal and informal supervision. There are sufficient opportunities for reflection and learning through initiatives such as protective learning time, where consultant social workers offer support to social workers with dedicated time to reflect on their practice, aiding in decision-making and facilitating progress.
- 2.5 Most practitioners told us they can access appropriate training opportunities when needed. The Research Development and Innovation team has a range of initiatives to support practitioners' professional development. This includes, but is not limited to, systems peer review and group supervision and initiatives such as the 'Championing Research' project.
- 2.6 Further evidence of the learning culture and embedding positive practice is the 'A-Z of practice' handbook, which serves as a roadmap for social work professionals, outlining the systems and processes that underpin practice. The handbook is a culmination of best practice, standard operating procedures, and effective care pathways.

### **Areas for Improvement**

- 2.7 Staff value the training they have received on outcome-focused practice. SMART (Specific, Measurable, Achievable, Relevant, Time-bound) outcomes and a strengths-based approach ensure people's and carers' voices are heard in assessments and plans. People and carers do not consistently experience a strength based and person-centred approach to care planning. The quality of assessments, plans, and reviews is varied. **In line with Code of Practice, Part 3 (assessing the needs of individuals), assessments must include the five key elements and reflect strengths-based conversations held with people to identify what matters to them. Leaders should ensure consistent and meaningful quality assurance of assessments, plans, and reviews in order to improve quality.**

- 2.8 The sample of informal carers we spoke with was small, in the context of Neath Port Talbot having the highest proportion of informal carers in Wales. Nonetheless, we found systemic issues which would impact the wider population of informal carers. These include difficulties accessing support and the variable quality, accessibility, and timeliness of assessments, reviews, and services. Carers told us they want services that listen to them and prioritise their needs in a meaningful and expert way. **The local authority should work with carers to develop an improved understanding of their lived experience and ensure further service developments meet their needs.**
- 2.9 Carers are not consistently being offered an assessment of their needs and there are waiting lists for the assessments to be undertaken. **The local authority must assess more consistently in line with statutory guidance whether a carer has needs for support (or is likely to do so in the future) and if they do, what those needs are or are likely to be.**
- 2.10 Practitioners told us they can access advocacy for people and will arrange this when appropriate. Advocacy was however not consistently considered and offered within the social care records reviewed. It is especially important this offer is made during safeguarding enquiries and/or when a person's capacity is being assessed. **The local authority must ensure the importance of advocacy is understood by all practitioners and formal advocacy is offered, commissioned, and provided when required.**

## **Prevention**

### **Strengths**

- 2.11 Many people consider the information, advice, and assistance (IAA) provided by the local authority to be useful or very useful. People receive accurate and timely information, which helps them understand processes, access services, and make informed decisions.
- 2.12 Since 2021, efforts have been made by the local authority to improve early help and prevention services. Future plans include setting up more community hubs, increasing access to digital technologies and restructuring teams to make support more accessible. Additionally, a research project will guide the local authority in shifting the focus from crisis intervention to prevention, community support, and early help.

### **Areas for Improvement**

- 2.13 Some people and practitioners are unaware of what community services are available. Improved communication strategies are needed to bridge the gap between available services and the awareness of both people and practitioners. **Leaders should ensure communication strategies are improved to inform practitioners and people what support services are available in their community.**
- 2.14 Community services and third-sector services that address holistic well-being needs are perceived as limited by practitioners, people, and carers. Staff and managers have reported that the loss of the Community Independence Team has significantly reduced the offer of preventative support to people and carers. **The Local authority should co-operate, work collaboratively, and with a variety of partners and stakeholders, including health boards and the third sector, to develop and deliver the required range and level of integrated preventative and early intervention services.**
- 2.15 Direct payments are not offered consistently and there are delays accessing direct payments from the point of referral. Staff and people experience barriers with the local authority's direct payment criteria and process. One carer told us "*We have got direct payments but the whole journey was stressful with lack of communication, a lot of hoop jumping and box ticking and no real support.*" **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. Leaders should review and quality assure practice, to promote timely and equitable access.**

## Well-being

### Strengths

- 2.16 The DoLS team promptly arrange for the allocation, assessing and authorisation of the Deprivation of Liberty Safeguards applications resulting in people receiving timely and appropriate legal protection and with the opportunity to challenge the deprivation.
- 2.17 The number of Deprivation of Liberty applications the local authority receives are proportionately high in comparison with other local authorities in Wales. The local authority has a robust system of notifying managing authorities when DoLS renewals are due and should continue to work with managing authorities to ensure applications remain timely when there is a need to deprive someone of their liberty.

- 2.18 The local authority responds to most safeguarding enquiries in a timely and proportionate way. In the best examples, we saw effective collaboration among partners in developing risk management plans. Strategy meetings promoted constructive professional challenge and the creation of outcome-focused safety plans in the first-person narrative.
- 2.19 Staff told us about effective joint working and communication between safeguarding teams and other community teams. This ensures timely risk management and support for people in the community.

### **Areas for Improvement**

- 2.20 There was insufficient evidence of management oversight and quality assurance of Mental Capacity Act (MCA) assessments and best interests' decision-making. While some case file audits are completed, this is inconsistent across teams. Consultant social workers and deputy team managers, who play a crucial role in quality assurance, face competing demands on their time, including case management responsibilities. This impacts the timeliness and consistency of quality assurance arrangements. **The local authority should strengthen management oversight and quality assurance processes of MCA assessments and best interests' decision-making to ensure continuous improvement.**
- 2.21 The voice of the person at risk and their support network is not sufficiently clear during safeguarding enquiries. There is also insufficient consideration as to whether a person would benefit from formal or informal advocacy during the safeguarding processes. **The local authority must ensure the voice of people is central to safeguarding enquiries as well as arrangements to manage risk.**
- 2.22 Safeguarding assessments, decisions, and outcomes are not consistently recorded, and some assessments are delayed due to waiting for information from partner agencies. **The local authority must ensure safeguarding practices consistently meet the requirements of the Wales Safeguarding Procedures. Leaders should also ensure sufficient quality assurance arrangements are in place to promote best practice, ensuring all safeguarding assessments, decisions, and outcomes are clearly recorded, undertaken and shared in a timely manner.**

- 2.23 There is variation in practitioners' knowledge and application of the Mental Capacity Act (MCA). While the local authority has provided training and has a suite of accessible processes and policies in place, knowledge is not fully embedded across practice. **The local authority should improve practitioner knowledge and application of the MCA so that practice consistently meets its statutory duties in accordance with the MCA.**
- 2.24 The local authority is proactive in identifying situations where individuals lack capacity and are deprived of their liberty in community settings, but people do not experience timely applications to the Court of Protection due to resource constraints. **Practitioners and managing authorities must be aware of and responsive to their responsibilities in this area, to ensure people deprived of their liberty in the community are appropriately safeguarded. The local authority must ensure identification and assessment of community DoLS are prioritised.**

## Partnership

### Strengths

- 2.25 The local authority works with health and partners to have weekly virtual ward meetings. This exemplifies effective partnership working, fostering shared understanding and mutual cooperation across services. By involving GP practices, social workers, third sector organisations, and health occupational therapists, it ensures resources align with people's needs. This collaborative approach enhances community support and promotes innovation and organisational adaptability. The system's ability to facilitate efficient referrals demonstrates better value for money, while the regular sharing of learning and expertise encourages continuous improvement. **This is positive practice.**
- 2.26 Early preparation and planning for transition from children to adults' services is essential in managing expectations and ensuring children and young people are well informed and empowered. The local authority has transition staff within the Complex Disability Team who ensure early planning and preparation. They promote clear pathways and **positive practice** that builds confidence and independence for young people during their transition.

### Areas for Improvement

- 2.27 Strategic, regional, and operational partnerships require further development to meet population need in a collaborative way. Leaders describe disjointed decision-making in the Regional Partnership Board and low levels of



operational integration with health colleagues. This impacts the timeliness and quality of services provided to people. **Leaders should strengthen the voice of people in these forums and continue to work with partners and key stakeholders to ensure shared plans meet the population's needs.**

### **3. Next Steps**

CIW expects the local authority to consider the areas identified for improvement and take appropriate action to address and improve them. 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.

### **4. Methodology**

#### **Fieldwork**

- Most inspection evidence was gathered by reviewing the experiences of 20 people through review and tracking of their social care record. We reviewed 15 social care records and tracked 5.
- Tracking a person's social care record includes having conversations with the person in receipt of social care services, their family or carers, key worker, the key worker's manager, and where appropriate other professionals involved.
- We engaged, through interviews with 12 people receiving services and/or their carer.
- We engaged, through interviews with 21 local authority employees (this included social workers, team managers, operational managers, Head of Service)
- We reviewed supporting documentation sent to CIW for the purpose of the inspection.
- We administered surveys to local authority social services staff, partner organisations and people.

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

### **5. 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 the Welsh language.

### **6. Acknowledgements**

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

Yours sincerely,

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

**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
<b>Must</b>	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.
<b>Should</b>	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.
<b>Positive practice</b>	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.
<b>Prevention and Early Intervention</b>	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.
<b>Voice and Control</b>	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.
<b>Well-being</b>	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.
<b>Co-Production</b>	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.
<b>Multi-Agency working</b>	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.
<b>What matters</b>	'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

## Appendix 2

### Quantity Definitions Table

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