Arolygiaeth Gofal Cymru
Care Inspectorate Wales

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Healthcare Inspectorate Wales

Inspection of Older Adults
Neath Port Talbot
County Borough Council

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

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Contents

Background

The Social Services and Well-being (Wales) Act 2014 (SSWBA) has been in force for almost three years. The Act is the legal framework that brings together and modernises social services law in Wales.

The Act while being a huge challenge has been widely welcomed across the sector, bringing as it has substantial and considered opportunities for change at a time of increasing demand, changing expectations and reduced resources.
The Act imposes duties on local authorities, health boards and Welsh Ministers that requires them to work to promote the well-being of those who need care and support, and carers who need support.

The principles of the act are:

- Support for people who have care and support needs to achieve **wellbeing.**
- **People** are at the heart of the new system by giving them an equal say in the support they receive.
- **Partnership and co-operation** drives service delivery.
- Services will promote the **prevention** of escalating need and the right help is available at the right time.

Welsh Government has followed up the SSWBA with 'A Healthier Wales'. A strategic plan developed in response to a Parliamentary Review of the Long Term Future of Health and Social Care.

A Healthier Wales explains the ambition of bringing health and social care services together, so that they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and promoting well-being. A Healthier Wales describes how a seamless whole system approach to health and social care should be seamlessly co-ordinated.

Ministers have recorded the importance of having confidence and ambition in the sector to delivering results. In response we have developed our approach to inspection with a focus on collaboration and strengths with the intention of supporting innovation and driving improvement.

This inspection is led by Care Inspectorate Wales (CIW) and delivered in collaboration with Healthcare Inspectorate Wales (HIW).

Prevention and promotion of independence for older adults (over 65) living in the community

The purpose of this inspection was to explore how well the local authority with its partners is promoting independence and preventing escalating needs for older adults. The inspection identified where progress has been made in giving effect to the Act and where improvements are required.

We (CIW and HIW) focused upon the experience of older adults as they come into contact with and move through social care services up until the time they may need to enter a care home. We also considered the times when they experienced, or would have benefited from, joint working between Local Authority services and Health Board services.

We evaluated the quality of the service within the parameters of the four underpinning principles of the Social Services and Well-being Act (as listed above) and considered their application in practice at three levels:

- Individual
- Organisational
- Strategic

We are always mindful of expectations as outlined in the SSWBA codes of practice:

- What matters – outcome focused
- Impact –focus on outcome not process
- Rights based approach – MCA
- Control – relationships
- Timely
- Accessible
- Proportionate – sustainability
- Strengths based
- Preventative
- Well planned and managed
- Well led
- Efficient and effective / Prudent healthcare
- Positive risk and defensible practice
- The combination of evidence-based practice grounded in knowledge, with finely balanced professional judgement

Strengths and Priorities for Improvement

CIW and HIW draw the local authority and local health board's attention to strengths and areas for improvement. We expect strengths to be acknowledged, celebrated and used as opportunities upon which to build. We expect priorities for improvement to result in specific actions by the local authority and local health board to deliver improved outcomes for people in the local authority area in line with requirements of legislation and good practice guidance.

Wellbeing	
Strengths	People can be increasingly confident the local authority recognises adults are the best people to judge their own wellbeing. The local authority is able to demonstrate a good understanding of its own strengths, areas of challenge and areas requiring improvement Evidence within file records show the promotion of the principles of the Social Services and Wellbeing Act.
Priorities for improvement	Improve support for carers which is tailored to enable them to achieve their own wellbeing outcomes. There is a need to develop the confidence of staff in undertaking Carers Assessments. Clear lines of communication need to be developed for responding to people who experience delays in assessments; and delays in commencing and accessing some areas of service such as equipment and domiciliary care.
People – voice and choice	
Strengths	Evidence in file records reflected the importance of the SSWBA being promoted and the presumption that adults are best placed to judge their own well-being is generally understood. Neath Port Talbot Public Services Board is committed to ensuring services are focused on enabling people and communities to be resilient with the aim of people experiencing seamless, personalised high quality services. Neath Port Talbot Borough Council (NPTCBC) understands the learning and development needs of its workforce and has a programme of training in place to address their needs. People are supported to maintain their independence through positive risk taking and the use of assisted technology.
Priorities for improvement	Improve consistency in the level of detail within mental capacity assessments. Improve arrangements to promote the option of Direct Payments.
Partnerships, integration and co-production drives service delivery	
Strengths	There were good examples of close working relationships with partners including third sector and independent sector in developing intervention and preventative services to reduce

	isolation and support people to remain independent. We found The Building Safe and Resilient Communities model is still in its infancy within NPTCBC, however there is strong commitment from all key partners in the development of this model.
Priorities for Improvement	More opportunities could be taken for structured joint learning across health and social care specifically in relation to safeguarding thresholds and processes.
Prevention and early intervention	
Strengths	Positive relationships between commissioning teams and providers.
Priorities for improvement	Review safeguarding processes to ensure clear pathways and governance arrangements are in place.

1. Wellbeing

The local authority's self-evaluation reflected a good understanding of its strengths, areas of challenge and areas for improvement. This self-awareness has enabled senior officers to develop a Social Services, Health and Housing Directorate Strategic business plan for adults and children against a background of increasing demand for services and economic pressures requiring budgetary savings.

The framework of management oversight and audit is well embedded in practice. This enables managers to understand the quality of their services and where further action is required and plan accordingly.

There has been a culture shift towards the principles of SSWBA with staff actively promoting the well-being of people who need care and support. More work is required to ensure this approach is fully embedded and the same opportunities are afforded to carers.

Changes within the local authority senior management team together with legislative changes has created some uncertainty within the workforce.

People can expect to be involved in identifying what matters to them in line with the SSWBA.

Evidence at the individual level:

1.1. People are involved and supported to identify the well-being outcomes they wanted to achieve and case files reflected a good understanding of personal circumstances, strengths, barriers, risks.

1.2. There is good evidence of the promotion of independence and presumption of the adult being best placed to judge their own well-being.

1.3. The assessments we reviewed demonstrated an understanding of people's situation, identified the most appropriate approach to addressing their particular circumstance and established a plan for how they will achieve their personal outcome.

1.4. We were not confident people always received a copy of their assessments and care plans. In some cases, it was not always clear what action were to be taken following an assessment.

1.5. We found some people experienced delays in assessments commencing and in services being provided, including waiting for equipment and packages of domiciliary care. People who experienced delays did not always have an explanation for why this was happening. We saw this included people who were

recently discharged from hospital which meant their potential for recovery may not have been maximised.

1.6. We found the support offered to carers was inconsistent. Carers were not always confident the support offered to them reduced their responsibility of care or was sufficiently tailored to their particular needs. One carer told us 'she didn't want to have a sitting service while she attended a coffee morning, thank you, as she didn't like coffee mornings'.

1.7. The local authority promotes a positive risk taking approach with practitioners having different conversations with the person and their family. For example, people were supported to remain living at home if it was their choice with the support of assistive technology.

Evidence at operational level:

1.8. We saw evidence in file records of the shift from traditional process driven practice to more outcome focused work. Staff consistently told us about the benefits of outcome focused training and the ongoing support they received from mentors in the development of practice.

1.9. The document templates we reviewed included prompts to identify the outcomes required and the strengths and barriers to achieving such outcomes. We found the quality of recorded information varied. We saw some good examples where outcomes were recorded in people's own words with strengths and barriers clearly identified. We also saw examples where recordings lacked such information, were jargon laden and did not relate to the 'what matters' conversation.

1.10. The importance of promoting the well-being of carers was recognised across services. Access to assessment and support for carers was inconsistent. For some carers, this was flexible and creative. However, we saw evidence that for some carers assessments were not sufficiently tailored to be able to support to individual needs. More work is required to ensure practice matches stated ambition.

1.11. NPTCBC Carers service works in partnership with NPTCBC and ABMU Health Board to provide information, advice and assistance to carers. The service undertakes carers assessments on behalf of the local authority and produces a quarterly newsletter which is sent to over 3000 carers known to the service across NPTCBC.

1.12. Some social workers told us they lacked confidence in deciding whether they should undertake a carers assessment or refer the carer on to the Carers Service who they felt could do the assessment better. We were not confident carers were always given the opportunity to consider whether they wanted their needs assessed alone or jointly with the cared for person as set out in Part 3 of the Code of Practice.

1.13. In assessments we reviewed, the positive practice described to us by practitioners was not always translated into good written records. The local authority acknowledge processes and templates require more work to align with the SSWBA.

1.14. Staff told us about positive peer support and described their managers as approachable and supportive, many were also positive about training opportunities offered. Newly qualified social workers described how they were supported during their first year of practice, including undertaking training, and having opportunities to shadow and learn from experienced practitioners. One team had been more reliant on newly qualified workers but described the efforts to "nurture" staff as a means of investing and improving staff retention.

Evidence at strategic level:

1.15. The local authority and local health board have set up an integrated 'Gateway'. This is a multi-agency service made up of local authority, Health and Third Sector staff which is the initial 'front door' access point to Neath Port Talbot social services. We were told the aim of the front door is to ensure people receive the right information, advice and assistance at first point of contact in line with the SSWBA. Staff told us the service was a positive development, as all new referrals go through the Gateway, with information being put onto the system and as needed, people were directed to the relevant teams.

1.16. The Gateway is a positive example of clear strategic direction. Both strategic and operational managers understood the need for training to improve skills and practice. Managers spoke of some staff who were on a development journey with some staff adapting to changes more quickly than others.

1.17. Some staff told us there was not always time to attend the training available and they were concerned about the level of strategic change taking place. Some staff spoke of pressures around work life balance, describing working long hours and a lack of clarity regarding flexible working which has potential to impact on their well-being. This issue had been noted by senior managers in social services and the human resources (HR) team who felt some staff did not

understand and so did not take advantage of the opportunities for remote working in NPTCBC's agile working policies.

1.18. Social services have significant HR capacity based within the department (manager plus 4.5 posts). This investment has provided HR support for managers and staff during this period of restructuring adult services. This is undertaken through weekly meetings with the head of service, principle officer's weekly meetings, and the development of HR surgery's bi weekly where staff can meet with HR representatives.

2. People – voice and choice.

By reviewing written records and talking to people who use services we were assured people's views were sought on the outcomes they wanted to achieve and their wishes and feelings given high regard in line with the SSWBA.
People who may lack mental capacity can be confident practitioners have the confidence and skills to offer appropriate support. We found decisions were made appropriately by practitioners, in the individual's best interests with relevant family members and advocates appropriately included. We found recordings of mental capacity assessments and best interest decisions were adequate in quality and could be improved with more attention to detail.
We found practitioners made good use of risk assessments and balanced score cards linked to best interest decisions to support people who wanted to remain independent at home despite risks being identified.
We identified some areas for improvement within safeguarding processes. We did not find people being left unsafe, however we found a lack of clarity with some partners on thresholds and poor recording processes, with strategy minutes not reflecting clear analysis and pathway to decision making.
Some people who have eligible care and support needs have been offered and use Direct Payments. There were low numbers of carers who had a support plan or were in receipt of Direct Payments. Further work is required to improve opportunity for take up of Direct Payments.

Evidence at individual level:

2.1 When an individual's capacity to make decisions for themselves is compromised, we found decisions were made appropriately by practitioners in the individual's best interests; with relevant family members and advocates appropriately included.

2.2 We identified within some file records the profile of carers within families was not fully recognised by practitioners and carers assessments were not always offered. We saw in some files evidence of assessments where little interrogation of carer's strengths and challenges or their wellbeing needs. Carer's resilience was sometimes not well identified or addressed by a carers assessment. We also found within some care and support plans significant reliance on the positive involvement of family and carers, which at times did not holistically consider the carers own wellbeing priorities.

Evidence at operational level:

2.3 We saw examples of the single point of access or 'Gateway' service contacting individuals to gain their views following concerns received. We observed effective sharing of information to inform decision and ensure timely decisions are made. Adult social care, health practitioners and third sector representatives participate in daily meetings. We were told of work currently ongoing to develop a shared

front door between adult and children's services to allow greater integration. With the co-location of teams recently completed we observed a meeting looking at the development of a standardised referral form across services. Partner agencies shared the enthusiasm to deliver this piece of work sharing ideas identifying any risks and reinforcing the opportunities to develop practice which would deliver better outcomes for people.

2.4 Reviews of care file records and discussions with practitioners did not provide assurance of a timely and proportionate response from the safeguarding service. We did not find sufficient evidence to suggest the service consistently considered contacting individuals/families and involving them in the safeguarding process or outcome. We saw a number of file records where people may have received better outcomes if they, and where appropriate their families, had been fully involved in the process.

2.5 We found more work is required to ensure records of assessments include people's personal outcomes and record of advice given on the assessment and eligibility tool. This applies to those needs which are to be met through the provision of care and support and those met through community based or preventative services. Minutes of strategy meetings reviewed lacked clarity of purpose, and the involvement and voice of the individual was not consistently visible. Without capturing the outcome, the person wants to achieve the purpose of the meetings was not clear. There is a need to strengthen practice in this area with an improved focus required during strategy meetings to ensure they capture peoples sought outcomes and improve records of discussion.

2.6 More clarity and consistency in safeguarding work is needed. It was not always clear upon what basis decisions had been made to progress to a strategy meeting. In cases reviewed it was evident improvement is needed to ensure practitioners better understand their roles and responsibilities and the requirements of legislative frameworks. This was especially identified when people were admitted to hospital, where no clear pathway for sharing information or undertaking referrals was evident. The local authority needs to ensure there is a good analysis of risk in care file records and revisit with partner agencies the threshold criteria for safeguarding referrals.

2.7 We did see some good examples of direct payments enabling individuals to create and manage their own unique package of care. However, we were not confident most people were being routinely offered direct payments, or people received sufficient support to enable them to make use of direct payments. There is a need for the local authority to assure itself of the requirement in the SSWBA to offer direct payments as a choice is made consistently.

2.8 We saw mainly adequate and a small number of good examples of mental capacity assessments. Good examples contained evidence of clear questions being carefully asked in a way best suited to enable the individual to participate and respond. We saw some examples of capacity assessments lacking sufficient detail to demonstrate lack of capacity or to reach any decision. Given the importance of mental capacity assessments to the well-being, care and support of the most vulnerable people the local authority need to prioritise steps to consistently assure itself of the quality of these assessments.

2.9 Some staff told us they were not confident in their knowledge of community resources available to be able to support people to help themselves. The social workers and professionals interviewed told us they valued the role of Local Area Coordinators (LAC) and other third sector organisations as good resources. We were told DEWIS is underdeveloped and underused, with this now being developed alongside INFO engine to be a resource for staff and people within NPTCBC. The local authority will need to ensure it can respond to people who need support to maintain their well-being by ensuring all staff, people and partners have access to up to date information about community resources.

2.10 We met people who have benefitted from being supported by the LACs to access community activities and make new friends in their local area. We heard about how they were supported by the worker to attend first sessions of new groups, and how their confidence had grown, enabling them to access other new groups and sources of support. Some of these individuals also met eligibility for care and support services from the local authority integrated community team. The common thread throughout the feedback was how people had grown in confidence and had become less isolated. The enthusiasm and energy of the LAC team was also widely regarded among professionals as being positive and needing to be extended across all areas of NPTCBC.

2.11 The local authority continues to develop its Assistive Technology Service helping people remain as safe and as independent as possible in their own homes. Training has been provided to social services and health board staff which has raised awareness of the service. Referral systems incorporated into the local authority's database system simplifies the process for professionals wanting to make a request for the service. Senior managers believe more could be done to encourage assistive technology which they believe should be linked to the front door. This is an area in need of further development, with the need for the local authority to assure themselves the use of assistive technology is promoted to support people's independence.

2.12 We were told of the local authorities' commitment to promote and support the implementation of the Welsh Language Standards. Arrangements have been strengthened across the service through implementation of the Welsh Language Promotion Strategy. During inspection we found evidence of assessments being offered through the medium of welsh and were told of conversations being available through the medium of welsh.

Evidence at strategic level:

2.13 NPTCBC have produced 'Building Safe and Resilient Communities a plan for adult social care 2019-2022'. The plan sets out the vision for adult social care which includes promotion of independence, choice and control to achieve what matters to them.

2.14 We saw and heard how local councillors obtained people's views. This included holding coffee mornings and attending community groups and activities. Councillors also spoke of attending team meetings and team briefings to discuss the local authorities plans for change with staff. This also enabled them to hear about the challenges some staff were facing. The local authority informed us of its plans to undertake consultation with the people of NPTCBC on the re modelling of adult services.

2.15 Complaints are managed by a designated complaints officer who is accountable to the Director of Social Services. The complaint officer informed us of his attendance at the Adult Managers Meeting where complaints were a standard agenda item to ensure any learning or key messages can be shared.

2.16 People are encouraged to contact the local authority with any issues which are mainly resolved through local resolution rather than the formal stage. We saw very few complaints being progressed to stage 2. We were informed of the ability to undertake investigations in the medium of Welsh if required. Although there is no formal protocol for undertaking joint investigations with the health board, current practice is to link with the lead from the health board complaints team to agree a joint response.

3. Partnership and integration - Co-operation drives service delivery.

We found the local authority were open to new ways of doing things which could help deliver services, including working with partners and learning from other local authorities to develop services and promote best practice.
Good working relationship with the heath board at a senior level was evident with the local authority starting to develop new ways of working, towards shared goals.
We found areas of good joint working and information sharing within the CRT to the benefit of people using services.

Evidence at individual level:

3.1 People can be confident information is shared effectively between partners particularly at the front door which contributes the identification of the right services at the right time.

3.2 People benefit from sound arrangements for the commissioning and procurement of services contracted on their behalf following the development of a Common Commissioning Unit.

Evidence at operational level:

3.3 We found, particularly at the front door, examples of good information sharing between the local authority, health and third sector partners. This was evident in the daily multi-disciplinary team meetings.

3.4 We saw the work being undertaken to align processes between adult and children's front door services. The 'front door' meeting between health, housing and social services is an example of positive partnership working. We observed open discussions on examples of joint working, lessons learnt along with service development.

3.5 Our interviews with domiciliary care providers established there was a positive relationship between the local authority and the services they commissioned. Regular liaison was maintained through a quarterly provider's forum.

3.6 There are some co-located community resource teams and we saw some positive communication and interaction between professionals. We found some evidence of joint working, joint visits and formal information sharing to the benefit of people who used care and support services.

3.7 We heard of the joint commitment to deliver improved community services in NPTCBC. A partnership approach (section 33) has been established for Intermediate Care Services managed by the Joint Partnership Board.

3.8 We heard how in partnership the local authority and local health board had introduced a number of new working practices which had enabled the community team to be more responsive and prudent in addressing patient timely discharge from hospital. In November 2018, the community team started using digital technology to make themselves available to the hospital as a "virtual multidisciplinary team". We were told the community team undertakes twice weekly skype calls with the hospital team. There has been numerous benefits which include improved communication the hospital and the community, an opportunity to discuss issues and complexities both within the hospital and community as well as a greater understanding of the pressures faced by both the hospital.

Evidence at strategic level:

3.9 Strong political and corporate support for the transformation of adult services was evident. Elected members and the corporate management team demonstrated a common understanding of the direction and drive needed to ensure the service effectively supported improved outcomes for older people.

3.10 The local authority contributes to the work of the Regional Commissioning Board where there is a commitment to work more closely with the Local Health Board. Challenges were evident due to limited investment, and differing priorities and pressures of with the local authority and health board. The local authority does jointly commission with the LHB but and we were informed this is under consideration.

3.11 Senior managers of partner agencies were positive about the considerable work undertaken by the Director and the Head of Adult Services in reinstating a commitment to partnership working and in building positive relationship with partners. Partner agencies now felt included in decision making and service development. The local authority needs to ensure that all providers are included in the work on building resilient communities and the remodelling of adult social care.

3.12 The Head of Adult Services and Head of Nursing had a shared vision of working together. Principle officers told us of they were positive about the future which they described as "feeling bright", but acknowledged adult services were going through a considerable period of change which needs to be effectively led and managed over the coming 12 months.

3.13 We saw evidence of effective partnership working with plans to further develop this to ensuring people receive joined up services. For example, there are two integrated principle officer's posts which support close working practices and provides insight into both organisations as well as understanding the pressures on both health and social care systems.

3.14 We were told the regional adult safeguarding board is considering merging with the children's safeguarding boards as part of a regional development. This

was seen as a more integrated way of working, sharing of practice learning and an opportunity to review current sub group arrangements.

4. Prevention and early intervention

People can be confident NPTCBC will support them to live as independently as possible.
The local authority should assure themselves staff promote the use of assistive technology and the part it can play in promoting adult independence.

The local authority should assure itself domiciliary calls do not undermine people's dignity and choice. In particular, for people who may lack capacity to understand their own position and make informed decisions about how their care is provided.
The local authority needs to ensure that the people's view are fully taken into account during the re modelling of adult services.

Evidence at individual level:

4.1 Care and support plans did not always reflect the principle that the individual is best placed to know what they need. Some of the care plans we reviewed reflected a very traditional approach to social work practice, influenced primarily by the availability or access to specific services instead of focusing on what matters to the person and co-producing a plan that is clear about outcomes they wish to achieve.

4.2 The teams who received referrals from the Gateway were not confident about the quality and consistency of recording at the front door. They found some referrals contained inaccurate information, with no evidence of the outcome of lateral checks or duty visits. Some service users experienced unnecessary change which resulted in them having to tell their story again.

Evidence at operational level:

4.3 Some of the practitioners we spoke to had a good understanding of resources available in communities and this was evident in case records; however, this was not consistent. The LACs in particular were able to provide examples of where support had been given to enable people to access community resources which promoted their well-being.

4.4 We saw good examples of preventative and early intervention work undertaken through the Gateway and their daily triage meetings in managing risk therefore allowing people to maintain their independence at home in a timely manner.

4.5 We found people having to wait for domiciliary care packages to begin or be increased. This effected people living at home and those who were waiting to be discharged from hospital. This was also impacting on caseloads for example within the Reablement Team. We found evidence of people having completed periods of reablement support could not always move on to receive longer term support and achieve their personal outcomes because no domiciliary services were available. A lack of domiciliary care in some parts of the county was also impacting on hospital discharge processes. The local authority is currently

undertaking a review of its in house domiciliary service and were consulting with staff on a new service model at the time of inspection.

4.6 We were concerned to find 20 minute calls were being commissioned which expected domiciliary care staff to carry out personal care, food preparation and administration of medication in this time.

4.7 The local authority told us it assured itself of the timing of domiciliary calls through the panel and review process. Providers indicated they are able to refer issues back if the tasks cannot be completed in a way which upholds the well-being of the individual and will also ask for a reduced call time if the allocation is not needed.

4.8 Practitioners described to us how they have embraced "what matters to the person" approach and and believe it has liberated them as practitioners. We found more work required to ensure recording matched these aspirations and supported a consistent and robust approach to achieving 'what matters' to individuals.

4.9 We saw efficient and effective use of residential reablement beds and respite step up / step down beds. We saw areas of innovative practice, and clear partnership working with health and Pobl Housing Association were people were diverted from care home admission through undertaking a short package of reablement care thus allowing them to return home aided by assisted technology or domiciliary care packages.

Evidence at strategic level:

4.10 We found evidence of effective joint working between the local authority, partner organisations and other stakeholders to develop its approach to early intervention and prevention. An example of this was the co-location of a range of services based at Cimla Health and Social Care Centre service including community reablement, community occupational therapy, sensory support and nurse led clinical teams. Practitioners based at the centre work together to prevent hospital admission and facilitate earlier discharge supported by access to Consultant led acute services including nursing and therapeutic care.

4.11 The chair of the regional adult safeguarding board reported effective joint working between partner agencies to promote safeguarding adults, describing open collaborative relationships with a willingness to challenge at all levels. The Chair described how learning events following Adult Practice reviews, powerful messages informed practice changes and reiterated the need for joint working with an understand not all partners having the infrastructure in place to address the challenges but having a willingness and commitment to have in place processes needed to ensure joint working.

4.12 The local authority has made a clear commitment to developing its approach to community development, using asset and place based approaches as a core element of its Wellbeing Plan 2018-2023.

4.13 The local authority are currently in the process of remodelling Adult Social Work Services with the intention to move to three community teams based on GP cluster areas and an incremented approach to fully integrated multi-disciplinary teams. Whilst we found most staff were in agreement with the need for change, some staff members were voicing some anxieties about the forth coming change process for both themselves and service users. The local authority will need to ensure clear communication pathways are in place for all staff, partners and service users on the change process.

Method

We selected case files for tracking and review from a sample of cases. In total we reviewed 60 case files and followed up on 16 of these with interviews with social workers and family members. We spoke with some people who used the services.

We reviewed 10 mental capacity assessments.

We interviewed a range of local authority employees, elected members, senior officers, director of social services, the interim chief executive and other relevant professionals.

We administered a survey of frontline social care staff.

We reviewed responses to a public survey.

We reviewed nine staff supervision files and records of supervision. We looked at a sample of three complaints and related information.

We reviewed performance information and a range of relevant local authority documentation.

We interviewed a range of senior officers from the local health board and spoke with operational staff from the local health board.

We interviewed a range of senior officers from statutory organisations and partner agencies from the third sector.

We read relevant policies and procedures.

We observed strategy meetings and allocation meetings.

Welsh Language

English is the main language of the local authority and the inspection was conducted accordingly. We offered translation in co-operation with the local authority. English and Welsh are spoken in NPTCBC as are a small range of other languages.

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