

Mr Michael Gray
Statutory Director of Social Services
Pembrokeshire County Council

Dyddiad / Date: 13 June 2024

Dear Director,

Improvement Check visit to Pembrokeshire County Council adult services

1. Introduction

This letter describes the findings of the Improvement Check visit to Pembrokeshire County Council (PCC) between 22 April 2024 – 25 April 2024. This was an Improvement Check following the Performance Evaluation Inspection (PEI) in April 2022.

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

The Improvement Check focused on the progress made in the following areas identified for improvements during our PEI in April 2022:

Principle	Areas of improvement identified from PEI in April 2022	Progress identified at improvement check
People	<p>Delay in helping people meet their outcomes.</p> <p>It was sometimes difficult to identify how carers' needs were being considered, or evidence of an explicit offer of an assessment.</p> <p>Delays in responses and assessments being undertaken when carers asked for help.</p>	<p>Some improvements made; further action is required.</p> <p>Some improvements made; further action is required.</p> <p>Some improvements made; further action is required.</p>

	<p>Practitioners understand the importance of a service being delivered in people's first choice language.</p> <p>Getting in contact with social care through the main telephone contact line could be prolonged.</p>	<p>No improvement made – action required.</p> <p>No improvement made – action required.</p>
Prevention	<p>Some people are not assessed in a timely manner. When reviews are not taking place, there is also risk of people's changing needs not being addressed.</p> <p>The local authority's approach to quality assurance has been impacted by the pandemic as other areas have taken priority.</p>	<p>No improvement made – action required.</p> <p>Some improvements made; further action is required</p>
Well-being	<p>Further work is required to ensure people's safety is not compromised by ensuring there is clear analysis with a rationale which is consistently fully evidenced based.</p> <p>It is essential the local authority consider both direct risks to individuals as well as other people who may be at risk from perpetrators of abuse and neglect. Adult practitioner analysis and depth of critical thinking was variable.</p> <p>The local authority should ensure adequate resources are available to manage adult safeguarding activity.</p>	<p>No improvement made – action required.</p> <p>No improvement made – action required.</p> <p>No improvement made – action required.</p>

	On some occasions adults were being diverted to be supported by prevention services without an assessment of eligible needs being undertaken.	Some improvements made; further action is required.
Partnership	Senior managers across the local authority and health board must work together to resolve concerns identified in relation to faltering partnerships at strategic levels in some areas.	Improvements made and must be sustained.

2. Summary

- Safeguarding practice is inconsistent and statutory duties are not always being met. The safeguarding team, whilst prioritising increasing work volume, complexity, and risk as far as practicable, is prematurely closing files when care and support protection plans may be required.
- There has been limited progress in minimising delay, both in assessment and review of peoples' care and support plans.
- The local authority is currently working through several planned areas of activity aiming to improve its responses in the delivery of services to meet the care and support needs of people. This includes major reconfiguration in key teams.
- There is indication of new models of working, such as in the First Contact Team and community-based assessment days, are bringing benefits in the way the service is being delivered.
- Practice is underpinned by a strengths-based approach, with peoples' views clearly represented.

- Senior managers describe improved corporate support, but many staff describe a disconnect at this level and a poor understanding of demands on the service.

3. 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

- The local authority plans to reconfigure locality teams. It is anticipated this will provide better opportunity to meet demand and provide greater equity across the county. The First Contact team, which undertakes Information, Advice and Assessment (IAA) functions, is also being reconfigured to improve timeliness and quality of response. A new approach has seen 85% of contacts being directed to community services (based on a recent PCC evaluation of a cohort of contacts).
- All contacts are initially screened via a social worker and/or occupational therapist (OT). These are risk assessed and critical or urgent matters addressed within 48 hours. There is an additional screening process undertaken by locality managers.
- Community based assessment days have recently been trialled. This approach, co-ordinated with partners, allows services to come together and provide a real time response to people who attend in person. There is already evidence people are being promptly directed to relevant community support and formal services. One example resulted in a falls assessment being undertaken on the same day after a family attended an event in a rural location.
- The Care Practice Forum was introduced in autumn 2023. This is a forum for supporting and challenging practitioners in their work with individuals and families and recommendations for care and support. It provides positive oversight, with the person's outcomes kept central, carers views and wishes highlighted. The benefits of the panel are enhanced through multi-agency participation, with services represented such as Pembrokeshire Association of Voluntary Services (PAVS) and Technology Enabled Care Team. There is no current health board representation which would enhance a partnership approach.

- Overall, activity undertaken by practitioners represents the views of the person. This was corroborated through our contact with carers and people receiving services. Best practice examples demonstrate a strengths-based approach in What Matters conversations, clearly identifying what works well, the challenges being experienced and co-produced care and support plans.
- Waiting lists for domiciliary support services have been reducing. In July 2023 there were 40 people waiting, this was down to under 10 people during the inspection activity week. A recent retendering exercise has resulted in more timely packages of care being provided to people living in rural communities.
- Our people survey indicates many staff (83% of respondents) are well supported by colleagues and managers within their team. Comments from staff in our in-person engagement are consistent with this finding, indicative of a dedicated workforce with strong peer support at team-level.

Areas for Improvement

- Delays in assessments and review of people's care and support plans are a persistent concern. Some referrals screened as high priority do not receive an assessment for several months. There are examples when social care intervention is delayed and as demand on informal carers increases, the cared for person's situation can break down. **As part of their restructure work the local authority must ensure there are explicit measures in place to address the delay in undertaking assessments and reviews of care and support plans.**
- There are integrity issues with some performance data which makes quantifying an accurate account of the position impossible at the time of the inspection. **The local authority should ensure reliable performance information is available.**
- Explicit opportunities to understand the needs of carers through an assessment (whether dedicated or joint with the cared for person) vary in practice. There are examples of positive practice which clearly articulate the carer's position and views and how varied forms of informal or formal support can help. **The local authority must ensure assessments consistently address the needs of carers.**
- Challenges sourcing services, such as care at home and emergency respite, linked with limited capacity, adds pressure on informal carers and increases the risk of situations reaching crisis. The local authority has taken steps to improve this, such as adopting the real living wage for carers and support workers and improved terms and conditions. **The local authority must**

ensure they continue to improve how it commissions and provides support to both the cared for person and informal carers.

- Despite progress being made, some people are having to move to a care home or stay longer in hospital due to domiciliary support services not always being available where they live. **The local authority must continue to improve commissioning of services to ensure it's ability to support people living in rural communities in the county.**
- Many people still find contacting social care challenging. 65% of people in our survey indicated contacting social services was 'not easy' or 'very difficult' Communication between practitioners and people can be inconsistent, with delay in returning calls cited by people as a common concern. Many people say they are not receiving prompt advice and information about services which could help their situation. This means the preventative approach at first point of contact is not sufficiently robust. There are plans for one point of social care contact, including co-location with third sector services. By the end of this year, a dedicated telephone line will be in place, replacing the current corporate first point of contact. **The local authority must ensure the plans related to the first contact team are implemented and monitored in a timely manner.**
- The financial backdrop, with the need to identify efficiencies across services makes the current context highly challenging, managers say there are better conversations now taking place with councillors about resource requirements. They say there is improved corporate understanding of the challenges experienced in social care. Adult safeguarding is now placed on the corporate risk register and a corporate dashboard being developed will help track and monitor progress. Many staff, however, describe a disconnection with senior corporate leaders. They suggest there has been poor understanding about the risks in service delivery and the impact of corporate decision-making upon teams striving to deliver statutory services. **The local authority should ensure it promotes a culture of regular engagement with staff, providing opportunities for people's voices to be heard.**
- There is a commitment to offering people a choice of receiving services in Welsh, and we saw evidence of the offer being made. In one example, we noted difficulty sourcing a Welsh speaking personal assistant via direct payments, where Welsh was the person's preferred language. In another example, there was no capacity in a team to offer a Welsh speaking practitioner. Where it is recognised this is fundamental, such as regarding assessment of mental capacity, we are told this is facilitated through cross-team working, to ensure the person's rights and well-being are upheld. Welsh language training is offered to staff. Commissioning staff are required to

ensure where possible, care services are being provided in Welsh. They are not always, however, able to achieve this and often must balance the request against the need, which may lead to individuals not receiving care in the language of their choice. **The local authority must continue to monitor and make improvement in relation to promoting the Welsh language active offer and working alongside commissioned services to ensure that these services are in turn promoting the Welsh Language Active Offer.**

Prevention

Strengths

- A key strength in PCC is its commitment to developing micro and social enterprises as part of its preventative approach. This is a significant part of its corporate strategy for 2023-2028. There is positive feedback from people using these services, referencing how they support their independence. For example, micro enterprises which can be accessed via direct payments can support choice in care and can reduce waiting time for domiciliary support, especially in rural areas. This is an area of **good practice**, with increasing support from micro-enterprises as this part of the sector has developed.
- Reablement support has a small waiting list, but this is screened and actioned weekly. There are 'step up/down' services available at Martello House which are well utilised.
- A pilot is currently in place to trial hospital-based staff becoming trusted assessors who can complete assessment to directly access reablement or step-down services. This is an area being supported and monitored, to enable people to leave hospital and regain independence sooner.
- Trusted assessor roles are also utilised within reablement to order equipment and a social care assistant within the team can request care where the need for a longer-term package of care is identified. This means allocation within a locality team is not needed at this point and avoids delay in support provided.
- There are creative and flexible partnerships between in house domiciliary support and reablement services. For example, capacity within the reablement service being utilised to enable a timely hospital discharge by bolstering a package of care for a short period to enable domiciliary support to be arranged.

Areas for Improvement

- Reviews of care and support plans are persistently delayed. There are examples of people's circumstances changing, with needs and risk escalating whilst awaiting a review. Initial reviews of domiciliary provision (within 6

weeks), and care placements (within 12 weeks) are prioritised. However, annual reviews are currently a lower priority and often go over timescale. There is a dependence on services or providers updating social care if circumstances change, but this is not always reliable. This means for some people, their situation has deteriorated so significantly, they require intensive and urgent care and support. An example being of an informal carer requesting additional support due to escalation in their disabled relative's needs in August 2023. A review of the existing care and support plan for the carer was not subsequently convened until January 2024. **Plans to address timeliness of statutory responses are developing, but the local authority must ensure the plans explicitly address how delay will be addressed.**

- There is a Social Services and Housing Quality Assurance Framework. The framework sets out how the findings of a quarterly quality assurance report and conclusions agreed by senior managers, will be discussed with team managers to support learning and development and / or acknowledgement of good practice. Operationally, this does not have a high profile. **The local authority should consider the benefits of refreshing the delivery of the strategy so that it is inclusive, ensuring all staff have a role in quality assurance. The delivery of the strategy should focus on how wider learning across the directorate is cascaded.**
- There are examples when an assessment is not undertaken when this may initially present as being required. For example, an individual was not assessed at initial contact and was advised to contact micro carers directly. Whilst an offer of an assessment was subsequently made, this was only upon the individual's request and reluctance to contact micro carers. **The local authority must reassure its self-assessments are being undertaken appropriately, and people receive a timely service.**

Well-being

Strengths

- There is some good communication across partner agencies and internal teams in safeguarding interventions led by the safeguarding team.
- There is some good practice in the safeguarding team in line with Wales Safeguarding Procedures (WSP), with people's voice and views included in the development of safety plans.

Areas for Improvement

- Safeguarding practice is inconsistent. This is mostly because the capacity of the team, given increasing volume and complexity of workload, has not been enhanced commensurate with demand. The situation is exacerbated as there appears to be lack of clarity relating to safeguarding threshold across the multi-agency group. Lack of capacity to help adults stay safe was an inspection finding in 2022 and the position remains unchanged. Practitioners are working hard to meet statutory responsibilities but are unable to undertake consistent in-depth safeguarding practice because of the pressed time to manage work volume. It is acknowledged that additional resource will be provided to the safeguarding team. **The local authority must ensure adequate resources are available to respond and manage adult safeguarding enquires.**
- Whereas the safeguarding team can respond to people at acute risk of harm, thereafter they are not able to adequately support people's safety and care and support needs whilst managing a persistent turnover of incoming new adult safeguarding enquiries. The position is exacerbated as for many circumstances, other services or teams are not set up to work with vulnerable people at risk. This is particularly relevant to a cohort of younger adults with complex needs, often experiencing abuse and living in chaotic living arrangements. Many of these people are not receiving co-ordinated multi-agency support. **The local authority must ensure adequate resources are available to respond and manage adult safeguarding enquires.**
- Given the overwhelming work volume and throughput in the safeguarding team, focus on quality can vary significantly. Some adult safeguarding enquiries lack clarity and rationale. Most significantly it is not always clear what overall safety measures are in place to protect people. As identified in 2022, there is a need to consider all relevant risks, with explicit exploration of all risk factors. **The local authority must ensure adequate resources are available to respond and manage adult safeguarding enquires.**
- Safeguarding team files can be closed prematurely, with a reliance on other agencies to provide support and a monitoring function. **The local authority must ensure adequate resources are available to respond and manage adult safeguarding enquires.**

Partnerships

Strengths

- There are some good examples of communication between health and social care practitioners, and a shared vision expressed by senior managers which is evident in the joint planning for the delivery of preventative services. This supports people to remain healthy living in the community, without recourse to more formal statutory services.
- There are examples of a flexible, person-centred approach to joint working arrangements (including funding arrangements) between the local authority and health board to support people to remain at home. For one person, a Discharge to Recover and Assess (D2RA) approach was utilised to allow the individual to leave hospital ahead of a continuing healthcare (CHC) assessment. The situation was then followed up in the community in a timely manner, enabling the person to be supported by family. This avoided unnecessary dependency on an acute healthcare setting.
- There is good multi-agency attendance at strategy meetings and evidence of good communication and involvement of key stakeholders, such as family members and providers in safeguarding meetings and general conversations.

Areas for Improvements

- Operationally, when health care staff and local authority practitioners work together, it can work well. Developing the initial collaborative approach can be a challenge, especially in relation to hospital discharge. There can be delays in responding to people due to miscommunication and misunderstanding between social care and health care staff. There are plans to evaluate the hospital discharge service. **Social care and health board managers should continue to work collaboratively with a focus on the person's health and well-being by delivering services together.**
- Social care practitioners do not receive regular feedback in relation to unsafe hospital discharge notifications submitted to hospitals. **This is a missed opportunity to improve communication and working partnerships and should be addressed by social care and health board managers.**

4. Next steps

We have serious concerns about the impact on the safety and well-being of people with social care needs living in Pembrokeshire. Our concerns are serious given the severity, frequency and persistence of problems exceed those which can be dealt with by usual practice.

Given the level of our concerns, CIW is seeking assurance about the actions the local authority is taking to address the shortfalls. CIW will continue to monitor the pace of improvement.

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.

5. Methodology

Fieldwork

- Most inspection evidence was gathered by reviewing the experiences of 29 people through review and tracking of their social care records. We reviewed 23 social care records and tracked 6.
- 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 4 people receiving services and/or their unpaid carer and 86 people responded to our survey.
- We engaged, through interviews and focus groups, with 36 local authority employees, this included social workers and team managers.
- We reviewed supporting documentation sent to CIW for the purpose of the inspection.
- We administered surveys to local authority social services staff, and people.

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

6. Welsh Language

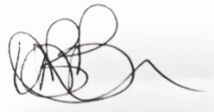
The inspection team included a Welsh speaking inspector, enabling CIW to make the active offer of conducting part of the inspection process in Welsh.

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 improvement check in Welsh.

7. 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 read 'LB', with a long horizontal flourish extending to the right.

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

8. Glossary

Term	What we mean in our reports and letters
Must	Improvement is deemed necessary in order for the local authority to meet a duty outlined in legislation, regulation or code of practice. The local authority is not currently meeting its statutory duty/duties and must take action.
Should	Improvement will enhance service provision and/or outcomes for people and/or their carer. It does not constitute a failure to meet a legal duty at this time; but without suitable action, there is a risk the local authority may fail to meet its legal duty/duties in future.
Positive practice	Identified areas of strength within the local authority. This relates to practice considered innovative and/or which consistently results in positive outcomes for people receiving statutory services.
Prevention and Early Intervention	A principle of the 2014 Act which aims to ensure that there is access to support to prevent situations from getting worse, and to enhance the maintenance of individual and collective well-being. This principle centres on increasing preventative services within communities to minimise the escalation of critical need.
Voice and Control	A principle of the 2014 Act which aims to put the individual and their needs at the centre of their care and support, and giving them a voice in, and control over, the outcomes that can help them achieve well-being and the things that matter most to them.
Well-being	A principle of the 2014 Act which aims for people to have well-being in every part of their lives. Well-being is more than being healthy. It is about being safe and happy, having choice and getting the right support, being part of a strong community, having friends and relationships that are good for you, and having hobbies, work or learning. It is about supporting people to achieve their own well-being and measuring the success of care and support.
Co-Production	A principle of the 2014 Act which aims for people to be more involved in the design and provision of their care and support. It means organisations and professionals working with them and their family, friends and carers so their care and support is the best it can be.
Multi-Agency working	A principle of the 2014 Act which aims to strengthen joint working between care and support organisations to make

	<p>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.</p>
<p>What matters</p>	<p>‘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</p>