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University Health Board

Date: 18 April 2024

Dear Colleagues,

**Care Inspectorate Wales (CIW) & Healthcare Inspectorate Wales (HIW) -  
Assurance Check of Rhondda Cynon Taf County Borough Council/Cwm Taf  
Morgannwg University Health Board/Swansea Bay University Health Board  
Community Learning Disability Team (CLDT)**

This letter describes the findings of an assurance check completed by CIW and HIW on 13-15 February 2024 of Rhondda Cynon Taf community learning disability service (RCT) and RCT South Community Learning Disability Team within Cwm Taf Morgannwg University Health Board (CTMUHB). To note, Cwm Taf Morgannwg University Health Board (CTMUHB) commission Swansea Bay University Health Board (SBUHB) to deliver the operational health CLDT services in Rhondda Cynon Taf.

The purpose of the assurance check was to review the local authority's social services and health board's performance in exercising their respective Social Services and Health duties and functions in line with legislations.

**1. Introduction**

We carry out inspection activity in accordance with the Social Services and Well-being (Wales) Act 2014 and the Health and Social Care (Quality and Engagement) (Wales) Act 2020. This helps us determine the effectiveness of local authorities' and health boards' 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 the Health and Care Quality Standards 2023 and have recorded our judgements and findings aligned to these: People - Voice and Control, Prevention, Partnerships and Well-being.

## **Our focus was on:**

1. **People** - How well is the local authority and local health board ensuring all people are equal partners who have voice, choice and control over their lives and can achieve what matters to them?
2. **Prevention** - To what extent is the local authority and local health board 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?
3. **Partnerships** - To what extent is the local authority and local health board able to assure themselves effective partnerships are in place to commission and deliver fully integrated, high quality, sustainable outcomes for people?
4. **Well-being** - To what extent is the local authority and local health board ensuring that people are protected and safeguarded from abuse and neglect and any other types of harm?

## **2. Summary**

### **Summary of overall findings HIW/CIW**

- 2.1 Senior managers are aware of the significant ongoing challenges in responding to the increased complexity of need and demand, and financial pressures. They have identified several key areas that require improvements. In partnership, RCT and Cwm Taf Morgannwg/Swansea Bay University Health Boards have recognised the need to continue to transform and improve services so that people can access the right care/support/treatment at the right time, in the right place and in the most efficient and safest way possible.
- 2.2 At an operational level we saw many examples of local authority and health board practitioners working effectively together. Carers and practitioners told us of the benefits of the new CLDT structure and the reintroduction of the specialist CLDT teams within social care. They acknowledged it is early days and are optimistic that this change will have a positive impact for people with a learning disability. Social care practitioners spoke positively of the new structure and felt it is going from 'strength to strength.' Some people we spoke with told us that co-location of health and social care practitioners would improve partnership working further.
- 2.3 Most partnerships are working well at an operational level; however, information is not always shared effectively due to different methods and systems for recording information in the local authority and the health board. This means information regarding people's health and care and support needs is not easily available across partnerships.

- 2.4 The local authority promotes different types of housing support to enable people to reach their outcomes, and to live as independently as possible in the community.
- 2.5 A regional approach has been agreed to ensure that young people are supported effectively to achieve their personal well-being outcomes when they approach adulthood. This regional approach will ensure that there is effective co-ordination amongst agencies to ensure the efficient and effective operation of transition planning and implementation across the region.

### 3. Key findings and evidence

#### People

##### **Strengths**

- 3.1 Many people have voice and control over the support they receive with care and support focused on what matters to individuals, the outcome they want to achieve, and how they can use their own strengths and resources to promote their well-being.
- 3.2 Some people and their carers told us that they felt listened to and their views and wishes are considered during the care planning process. However, many of the people who responded to our survey noted 'listening' as something the local authority and health board's Community Learning Disability Teams could do better.
- 3.3 Effective means of communication are used to engage with people. Some people told us practitioners help them feel understood, converse in the language of their choice and/or facilitate communication in different ways including sign language and the use of pictures. We heard how the speech and language therapists are supporting this approach. We saw an example of information in easy read format developed and used to support a person with learning disability to understand why her parents/carer needed to move to a residential care home. **This is positive practice.**
- 3.4 The need for advocacy is recognised and evidence seen of people supported by formal and informal advocates.
- 3.5 People are given the opportunity to tailor and manage their own support through use of direct payments. Evidence was seen of direct payments working well for individuals and carers. However, in common with other local authorities across Wales recruitment of personal assistants to provide support via direct payments can at times be challenging in RCT.

- 3.6 Health board and local authority practitioners are enthusiastic about their work, and many described their teams as supportive, professional and people centred. Most felt supported by their managers and are confident any issues/concerns raised will be dealt with appropriately. They believed more resources, more specific training courses and more funding to enable people with a learning disability to access increased activities would improve the service further.

### **Areas for Improvement**

- 3.7 Most of the health board and local authority practitioners who responded to our survey described their workload as manageable, however, some told us individual caseloads were not. Community learning disability nurses told us of specific time and capacity challenges related to the allocation of Care Coordination role to nursing staff in addition to their clinical work. Social workers reported high volume of Court of Protection work which was described as “resource intense” and causing work pressure and impacting on their work with other people. **The health board and local authority should review current arrangements and consider whether any additional training or support can be provided to practitioners.**
- 3.8 Some of the social care practitioners told us they receive regular formal supervision whilst others said informal supervision is accessible but formal supervision is inconsistent. **Supervision practice should be reviewed and strengthened to ensure there is time for practitioners to reflect on their involvement with people and for supervisors to have sufficient oversight of the work being undertaken.**
- 3.9 Specific training related to the Mental Health Act is not routinely delivered to all health board practitioners. **This should be reviewed to ensure those practitioners delivering care to people subject to the Mental Health Act receive up to date knowledge of the act and its implications for the people supported.**
- 3.10 In the social care records we reviewed, there was very limited evidence of management oversight of decisions within the assessment and care planning process. Whilst we were informed some case file audits are completed and presented to the RCT quarterly performance board, we also heard audits are not consistently being undertaken due to workload pressures and challenges. **The local authority should ensure management oversight and quality assurance processes are strengthened to ensure managers have the relevant oversight of the quality of front-line practice and decision making.**

- 3.11 There was limited evidence of regular auditing and review of service users' notes in the health case records reviewed. **The health board must set up an auditing and review process for care and support records to ensure accuracy and consistency.**
- 3.12 Health practitioners told us consultations, assessments, and confidential discussions with people with a learning disability was difficult due to the lack of appropriate, safe and risk assessed clinic rooms. We noted that there are no appropriate clinic rooms in the CLDT South health board team offices. **The health board should review and increase the provision of appropriate clinic rooms/space to allow for consultations and assessments to take place safely and effectively.**
- 3.13 The local authority is committed to raising awareness of carers rights. Action has been taken to promote carers assessments including embedding a direct link in assessment templates which provides prompts for 'carers conversations.' We saw and heard of varied practice in relation to the consistent offer of carers assessments; known as carer conversations in RCT. Carers we spoke with told us they wanted to be listened to and valued. **The local authority must work in partnership with the health board to ensure the voice of carers is consistently sought and heard, and there is consistent practice in offering and undertaking carers assessments as well as a greater focus on ensuring opportunities to support carers are not missed or delayed.** This will ensure carers needs are consistently being considered and supported alongside the cared for person.

## **Prevention**

### **Strengths**

- 3.14 Senior Managers are aware of the importance of access to early intervention to mitigate the need for statutory service and are focussed on building and promoting people's own strength and resilience in line with the principles of the 2014 Act.
- 3.15 The local authority is working hard to reshape and redesign its day service in line with its vision of modernising day services based on a wider approach to promoting independence rather than solely looking at building-based day services. This approach is known as 'My Day My Way.' It is evident that this approach is still embedding, and work needs to continue to coordinate and deliver accessible day opportunities to people with a learning disability.

- 3.16 People are supported to maintain their physical health. **The GP liaison role was notable good practice in linking between primary care and the CLDT to support the health needs of people with a learning disability.**
- 3.17 Where required medication management processes are safe and robust. Medication charts are effectively and consistently documented within people's records, and we noted good practice in that the recipient had countersigned the entries in their records. Health practitioners described clear and comprehensive processes for the prescribing, administration and recording of medication, in line with health board policy.
- 3.18 There is a good and varied offer of supported living accommodation across RCT which enables people to have their own living space with flexible staff support. The people we spoke to really valued this provision. However, there were some variances around the opportunities on offer for socialisation in the supported housing schemes. In the best examples we heard of weekly theme nights such as 'Bollywood dancing' whilst we also heard of schemes where opportunities for socialisation were limited. This is an area the local authority should review as part of care and support reviews and commissioning arrangements as appropriate.

### **Areas for Improvement**

- 3.19 Whilst we heard examples of people attending some interesting activities, such as drama group, nature group, further work is required to ensure people are aware of the availability of community resources. Some people are aware of the app available to advertise and book local activities whilst others including carers and some practitioners spoke of not knowing what was available in the community and surrounding areas. We were told some people do not access social media whilst others do not have electronic devices. They all said they would prefer to receive information about activities in other ways. **The local authority and health board should consider this further to ensure people are signposted to appropriate information and support to enable them to access activities within the community.**
- 3.20 Some people told us they want more work and volunteering opportunities whilst some carers told us how the changes to the way day service provision is accessed has resulted in loss of opportunities for adults with a learning disability to access activities that promote their independence. **The local authority should ensure people and their carers are aware of the co-produce work-based projects and the focus on using community resources to provide activities such as training, volunteering, and employment for people within their local community.**

- 3.21 The learning disability intensive support team (LDIST) was established last year (2023) as an integrated part of the CLDT. It was positive to hear the team seek to provide timely assessment and support to people with behaviours that may challenge to prevent the person or family from reaching crisis. From some conversations with health and local authority practitioners, there was some confusion over the role and function of LDIST. **The health board and local authority should ensure relevant practitioners understand the role and function of LDIST and how their roles link in.**
- 3.22 We saw varied quality of contingency planning as well as some missed opportunities to support carers especially with the planning for what will happen if someone the person relies on is no longer able to continue to provide care and support. Contingency and future planning is important in providing people with the reassurance that suitable arrangements are in place in the event of emergencies. **The local authority and health board should ensure health and social care practitioners work with the person and those involved in their care and support to plan and make relevant decisions in preparation for emergency/crisis situations.**
- 3.23 Many practitioners spoke of the challenges some people face with timely access to specialist medical equipment. We were told of delays and frustrations of people, carers, and nursing teams in accessing equipment. This was attributed to challenges relating to commissioning arrangements, regarding which health board would fund equipment. **The health boards must establish and communicate timely and effective processes to ensure people who are supported by the CLDT, do not experience lengthy delays and bureaucracy in accessing medical equipment.**
- 3.24 We saw the impact waiting lists for assessment, service delivery and review of care and support plans, had on people. Waiting lists are managed according to risk and priority and reviewed on a regular basis. **The local authority and health board must continue to ensure waiting lists are appropriately and consistently monitored and key information is recorded to evidence appropriate prioritisation.**
- 3.25 A clear theme running through the comments received from people who completed the people's survey is the need for regular review of care and support plans. **The local authority must take the required action to keep care and support plans under review to understand whether the provision of care and support is meeting the identified needs of the individual, and to consider if their needs have changed and if a re-assessment is required.**

## Partnership

### Strengths

3.26 Co-production is a central part of RCT Learning Disability Transformation Programme. During 2022 the programme developed a co-produced model for gathering and analysing engagement data called My Day, My Way. The programme has significantly shaped how things are done and a new operating and service offer for day service opportunities has been co-produced. During 2023, My Home My Way was launched and again people were given the opportunity to have a voice and be part of the design, delivery and implementation of Supported Living Services and the local authority re-tender. **This is positive practice.** A comment from a stakeholder who responded to our survey:

*“Adults with LD are included in everything the authority is planning and everything is issued in easy read format.”*

- 3.27 In many of the cases, we reviewed, we saw evidence of practitioners developing a professional working relationship with people built upon co-operation and shared understanding of what matters.
- 3.28 We were told that meetings were taking place involving both the health board and local authority to develop, formalise and strengthen the links between the two teams. We noted areas of good practice around joint funding and commissioning for some people with a learning disability.
- 3.29 We saw an example of notable good practice around promoting timely, efficient, and appropriate transitions into the CLDT. Partnerships have been developed between a local school, educational psychologists and the CLDT to review and improve the process of transition from school to learning disability services. Early outcomes indicate people with a learning disability will benefit from co-ordinated handovers and person-centred planning. Easing the transition into adult services.

### Areas for improvement

- 3.30 Practitioners and managers working for the health board and local authority are currently not co-located, and generally, do not have access to each other's case management systems. This means information regarding people's health and care and support needs is not easily accessible to partners. **The health board and local authority are working towards further integration and should review the systems, processes, and structures in place to enable appropriate and safe sharing of information within multidisciplinary teams and ensure improvements are made.**



3.31 People's experience of contacting the local authority varied. Some people told us they did not have an allocated social worker and of difficulties contacting adult social services, and when they did make contact, they often had to speak to different practitioners and had to "repeat their story." As previously mentioned, the local authority recently re modelled adult social care and **should review current contact arrangements, to avoid where possible, people having to repeat their story and ensuring people receive a timely response when they contact the local authority.**

## **Well-being**

### **Strengths**

- 3.32 Many of the social care assessments we reviewed were strengths based focusing on what matters to the person and the outcome they wished to achieve. They were structured around the five elements of assessment and the product of conversation between the individual, carer/wider family, and the practitioner.
- 3.33 Assessments, care plans and reviews completed by health board practitioners were comprehensive and in line with the Mental Health (Wales) Measure and were of a consistently high standard.
- 3.34 Review of social care records and discussion with practitioners generally provided assurance of a timely and proportionate response to adult safeguarding reports. Adult safeguarding reports are screened and most of the enquiries we saw were conducted within statutory requirements with the analysis and determination clearly recorded, with a focus on ensuring people are safe and their wellbeing promoted. The local authority must ensure it continues to work co-operatively with the adult at risk, carers, and families and when this is inconsistent with the need to ensure the individual's safety this is clearly recorded.
- 3.35 People are empowered to make their own decisions whenever possible, and assessment of capacity are timely and decision specific.
- 3.36 In most of the cases we reviewed we found practitioners consider people's mental capacity to engage in their assessments, care and support planning and safeguarding enquiries. The mental capacity assessments were all of good quality with evidence of the practitioner's knowledge and ability to practice in accordance with the Mental Capacity Act 2005.

- 3.37 Processes are in place to support people's rights and people's rights under the Mental Health Act are clearly documented. People's detentions are reviewed within set timescales during Hospital Managers Review Panels and Mental Health Review Tribunals. People are encouraged and supported in appealing their detentions through formal processes where required.
- 3.38 Whilst there are delays in allocating, assessing and authorisation of applications to deprive someone of their liberty in both RCT and CTMUHB, the quality of the sample of completed assessments we reviewed was good. Management oversight by the local authority supervisory board is robust and thorough, although this could be timelier to prevent further delay.

### **Areas for Improvement**

- 3.39 In some of the social care records we reviewed we found an over reliance on service led choices rather than focusing on designing support for the person. **Practitioners must be supported to explore creative and bespoke solutions to make effective use of all available resources and to ensure people are receiving the right care/support, at the right time and in the right place.**
- 3.40 The health care files viewed were generally well maintained. However, most of care records are maintained in paper format with some documentation stored on a cloud-based IT system. Consequently, this made the information difficult to navigate and locate the most current information. We were told that work was underway to develop an improved records management system. This would greatly improve the recording, navigating, and sharing of information especially with primary care services. **The health board should move forward with plans to develop an improved records management system.**
- 3.41 During the review of health board records, we noted that an Index of the File was not consistently in place to include information related to the Mental Health Act and Deprivation of Liberty Safeguards. It is recommended that this index is added at the front of the records to make it easier to identify legal status for those delivering care.
- 3.42 The delays in allocating, assessing and authorisation of the Deprivation of Liberty Safeguards applications to both RCT and CTMUHB continue to result in many people being deprived of their liberty with no legal protection in place and no opportunity to challenge whilst waiting for a decision to be made. Further work is required to ensure people rights are protected and care and support/treatment arrangements amounting to deprivation of liberty are appropriately authorised. **Senior Managers must ensure there is sufficient capacity to meet statutory responsibilities.**

3.43 The number of Deprivation of Liberty applications RCT receive from managing authorities are low in comparison with other local authorities in Wales. The local authority intends to re-launch the deprivation of liberty training for care home managers and **must continue to work with managing authorities to ensure applications are made when there is a need to deprive someone of their liberty.**

#### 4. **Next Steps**

CIW and HIW expects the local authority and health board to consider the areas identified for improvement and take appropriate action to address and improve these areas. CIW will monitor progress through its ongoing performance review activity with the local authority. Where relevant we expect the local authority to share the positive practice identified with other local authorities, to disseminate learning and help drive continuous improvement in statutory services throughout Wales.

HIW will monitor progress against the health-related improvements via completion of an Improvement Plan. The Improvement Plan will detail the findings by HIW and the agreed health board improvement action (s), together with identifying the responsible officer and timescale for the actions to be completed.

#### 5. **Methodology**

##### **Fieldwork**

- Most inspection evidence was gathered by reviewing the experiences of 26 people through review and tracking of social care and health care records. We reviewed nine health led records and nine social services led records. We tracked four records of individuals who had received health and social services support. We also reviewed four assessments of individuals subject to a Deprivation of Liberty authorisation.
- Tracking a person's social care record includes where possible, having conversations with the person in receipt of social care services, their family or carers, key worker, the key worker's manager, and where appropriate other professionals involved.
- We engaged, through interviews and focus groups with people receiving services and/or their carer, resulting in CIW/HIW engaging with 16 individuals.
- We engaged, through interviews and focus groups with local authority and local health board employees, resulting in CIW/HIW engaging with 46 employees.
- We reviewed supporting documentation sent to CIW and HIW for the purpose of the inspection.

- We administered surveys to local authority and health practitioners working in the Community Learning Disability Services, partner organisations and people, including carers:
  - 51 surveys were completed by people with a learning disability.
  - 9 surveys were completed by parent/carers.
  - 85 surveys completed by practitioners.
  - 10 surveys were completed by partner organisations.

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## 6. Welsh Language

We were committed to providing an active offer of the Welsh language during this activity.

The active offer was not required on this occasion. This is because the people taking part did not wish to contribute to this assurance check in Welsh.

## 7. Acknowledgements

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

## 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 Act which aims to ensure that there is access to support to prevent situations from getting worse, and to enhance the maintenance of individual and collective well-being. This principle centres on increasing preventative services within communities to minimise the escalation of critical need.
Voice and Control	A principle of the Act which aims to put the individual and their needs at the centre of their care and support, and giving them a voice in, and control over, the outcomes that can help them achieve well-being and the things that matter most to them.
Well-being	A principle of the Act which aims for people to have well-being in every part of their lives. Well-being is more than being healthy. It is about being safe and happy, having choice and getting the right support, being part of a strong community, having friends and relationships that are good for you, and having hobbies, work or learning. It is about supporting people to achieve their own well-being and measuring the success of care and support.
Co-Production	A principle of the Act which aims for people to be more involved in the design and provision of their care and support. It means organisations and professionals working with them and their family, friends and carers so their care and support is the best it can be.
Multi-Agency working	A principle of the Act which aims to strengthen joint working between care and support organisations to make sure the right types of support and services are available in local communities to meet people's needs. The summation of the Act states that there is a requirement for co-operation and partnership by public authorities.

What matters	'What Matters' conversations are a way for professionals to understand people's situation, their current well-being, and what can be done to support them. It is an equal conversation and is important to help ensure the voice of the individual or carer is heard and 'what matters' to them
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Yours sincerely,



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Head of Local Authority Inspection  
**Care Inspectorate Wales**



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Chief Executive  
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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh

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