



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

# CHIEF INSPECTOR'S ANNUAL REPORT 2013-2014

Improving Care, Childcare and Social Services in Wales

We regulate and inspect to improve  
care, childcare and social services  
for people in Wales





Care and Social Services Inspectorate Wales (CSSIW) is the independent inspectorate and regulator for social care, childcare and social services in Wales.

This report reviews and reflects on our work for the period from 1 April 2013 to 31 March 2014 and provides an overview of our findings.

It also describes how we have performed, the progress we are making in improving our work and looks forward to the challenges ahead in 2014 and beyond.

In doing so it fulfils the duties set out in section 142 of the Health and Social Care (Community Health and Standards Act) 2003 and part 2 of the Children and Families (Wales) Measure 2010.

### Where to get more information

We write reports on all our inspections and reviews.

We also publish quarterly information on the number of services settings and places that we regulate.

For all this information and further details about CSSIW please visit our website, [www.cssiw.org.uk](http://www.cssiw.org.uk), follow us on Twitter

[www.twitter.com/cssiw](https://www.twitter.com/cssiw) or watch us on YouTube

[www.youtube.com/cssiw](http://www.youtube.com/cssiw)

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# Foreword from our Chief Inspector Imelda Richardson

## Transforming the way we work



People have a right to expect quality care and we all have our part to play in achieving this aim. I am pleased that CSSIW has played a central role in driving improvements in care by shifting the focus from just achieving compliance, to people's experiences of care and how it contributes to their quality of life.

This is my fourth annual report and each year CSSIW continues to work with you to meet our legal duties, and improve our performance and effectiveness to assure the quality and safety of care, childcare and social services in Wales.

Our findings show that most care across Wales is good, and our work with providers and commissioners to continually improve the quality and delivery of safe services and support that meet people's needs, is having a positive impact in driving up quality.

In regulated services, we found that 85% of adult care and 96% of childcare inspected met the Standards.

During 2013-14, the majority (68%) of the 343 services we worked with to take corrective action under our new enforcement arrangements made sustained improvements.

We believe that the changes we have made to our inspection methods and approaches to enforcement, by concentrating more on listening to people's experiences of services, are having a positive impact in our monitoring and response to the quality of care.

Our inspectors had a strong presence across Wales and carried out over 5,000<sup>1</sup> visits to services, each time listening to and observing people and staff to get a better understanding of their quality of life and care.

While there are good signs of improvement our focus now must be on driving quality towards excellence.

We are committed to involving people in every aspect of our work and to improve our connection with local services and communities.

This year we completed a Wales-wide recruitment campaign for people to join our National Advisory Board. This provides us with new opportunities to enable people who use services, as well as carers and other stakeholders to shape our work and determine our future priorities. Half the Board are members of the public with experience of childcare, care and social services and their contribution to our work has been invaluable.

<sup>1</sup> 5,606 visits were made to perform 4,492 inspections.

We place the children and adults who need and use services at the heart of our work by listening to their views during inspections, and by responding to the 2,170 concerns raised by residents, parents, relatives, staff and professionals. This resulted in 284 additional inspections. We encourage and thank people for bringing concerns to our attention.

We have become increasingly clear and robust about our graded enforcement action and I am pleased to see many providers take action to improve their services in response to our inspections.

The ultimate decision to take action, which can lead to cancelling the registration of the manager or the service, is always a carefully considered one. However, where services do not improve and continue to present risks to those being cared for, we will be decisive.

### **Better quality and safer services for all**

Each year we assess services and report on the safety and quality of people's experience of care, and the impact it has made on their quality of life.

Our reports enable:

- relatives and the public to find information about the quality of services and the quality they should expect from their care provider;
- health and social care practitioners to make decisions about care based on the latest inspection evidence and best practice;
- service providers to examine the performance of their service and assess the improvement in the care they provide;
- health and social care commissioners to be confident that the service they are purchasing is of good quality, cost effective and focussed on improvement.

Local authority social services continue to work hard in a challenging environment. It is important for local authorities to understand their demographic and local needs, how they are being met and how this enables improved outcomes for people.

Performance in children's services is generally improving; however, local authorities need to consider their future planning to improve stability and the range of quality placements for looked after children. In particular, local authorities need to better understand why so many five to nine year olds are spending more than three years in care.

It is positive to see local authorities providing a greater range of early intervention and prevention, in particular in adult services. This will put them in a good position to meet the opportunities arising from the Social Services and Well-being (Wales) Act 2014 to promote the well-being of people in their communities.

### **Working together to improve the quality of care**

While we have found that most care is good, our focus now must be on supporting all sectors to achieve excellence. Over the next two years we will be piloting a Quality Judgement Framework across our work. We want to increase the transparency of the quality of services to make sure people have clearer information when choosing care.

The development and pilot of a Quality Judgement Framework for childcare services in 2013/14 has led to joint work by ourselves and Estyn, to design and implement a joint inspection framework for childcare and early years education in non-maintained settings (services not run by local authorities). We are encouraged by providers' positive support of the framework and thank the 43 childcare services for piloting it.

### **Challenges and opportunities for local authorities**

Local authorities face challenges, changes and opportunities to meet the demands of complex and competing requirements with regard to austerity, new legislation, more assertive scrutiny and public service reforms. This requires a focus on good leadership and talent management for the near future. It will also require efficient and effective approaches to care and support designed around improving the well-being and outcomes for people within their communities.

It is important that the safety and quality of care, in particular for those who are vulnerable, remains a priority during this period of change.

### **Challenges and opportunities for CSSIW**

Our staff play a vital part in helping us to continue to be responsive and re-align our business to meet the legislative requirements of the Social Services & Well-being (Wales) Act 2014; the Regulation and Inspection of Social Care (Wales) Bill; Review of Childcare and Early Education, Registration, Regulation and Inspection; and wider local government and public service reform in Wales.

Finally, I would like to thank staff for their exceptional work and commitment to improving the safety and quality of care for people across Wales.

**Imelda Richardson**

Chief Inspector



# A word from the Chair of our National Advisory Board



## Professor Judith Hall, Chair, National Advisory Board

This was the first year of our National Advisory Board, and it has been a year of learning and development.

We've had to learn how to work together, and how to get our voice.

And it's never going to be one voice; we're a collection of individuals, with all kinds of experiences of care from across all different sectors, from the youngest, to the oldest, to the most vulnerable. The Board also reflects the whole range of the industry that supports care in Wales.

We've come to learn what the care business is. Minimum standards will never be enough for the people of Wales. I think what the Advisory Board can contribute is to really understand how we can get excellent services, and the role of inspection in making this happen. We all know excellence when we see it.

The Board feel that once we've found our voice and understand the structures, 2015 is the year of being heard and making a difference.

“ There is such a lot going on in Wales at the moment in terms of care, social services and well-being of our citizens. It feels that Wales is at a tipping point. I think by giving a voice to this Advisory Board, we are allowing them to feed forward their ideas to the people making decisions. By doing this we can create this atmosphere and enable the reality of good services. Let's make things happen and let's have excellence here in Wales. ”

*Professor Judith Hall  
Chair, National Advisory Board*

“ Since becoming a member (of the Board) I have been amazed to see how many areas fall within the responsibility of CSSIW. It has given me a better understanding of how they work. I was concerned whether I would be of any use to the board but have felt valued as my views have been listened to. It has been good that CSSIW is being open and transparent and allowing us to have a voice and input into they way they work. ”

*Sharon Williams,  
National Advisory Board member*

# Chapter One

## What we do

This chapter sets out what we do and how we work.

“ We are one part of a larger health and social care system in Wales that is going through huge changes in the way it is delivered, to meet the new agenda for public service reform. ”

*Imelda Richardson, Chief Inspector,  
Care and Social Services Inspectorate Wales*

Care and Social Services Inspectorate Wales (CSSIW) is responsible for regulating and inspecting care, childcare and social services, including nurseries, homes for older people and local authorities, to make sure they are safe for the people who use them.

We work to raise the quality of care and services across Wales.

Our overall aim is to ensure people receive safe, accessible and good services that meet their needs and improve their quality of life.

### Our role is to:

- deliver efficient, effective regulation and inspection of services, and report our findings
- provide independent assurance for people who use services and their families and carers, about the quality and availability of social care in Wales
- help safeguard adults and children, making sure their rights are protected
- improve care, services and outcomes for people
- provide evidence and independent professional advice to inform the development of policy and service improvement to meet people's needs
- to work with other public service audit, regulation and inspection bodies, including workforce regulators, across the UK to support effective scrutiny of public services.

### We aim to:

- put people who use care, childcare and social services at the centre of our work and involve them in all that we do
- be responsive and take robust action when people experience poor care or are at risk
- be independent, objective and fair
- promote equality, diversity, children's and human rights across care, childcare and social services
- be accessible and transparent
- apply the same standards of continuous improvement to our business as we would expect of others
- promote improvement in the care, childcare and social services sectors and learn lessons from things that didn't work well
- work in partnership with others including those who use, commission and provide services, other regulators, inspectorates and auditors.
- respect and respond to people's language needs.

## Our Legal Powers

We carry out our functions on behalf of Welsh Government Ministers under the powers of the following Acts:

- the Health and Social Care (Community Health and Standards) Act 2003 which gives us the authority to review how local authorities discharge their social services functions
- the Care Standards Act 2000, the Children Act 1989 (as amended), the Adoption and Children Act 2002, and the Children and Families (Wales) Measure 2010 Wales which gives us the power to register and inspect services.

## Supporting Wales to deliver high quality public services

Our work supports the Welsh Government's Programme for Government which is committed to the continuous improvement of public services in Wales to ensure:

- people have a strong voice and greater control over the services they receive
- children and families have high quality early years childcare
- effective collaboration with public services, other regulators and inspectors.

We have achieved this through realigning our work to deliver the aims of *Sustainable Social Services*<sup>2</sup>, *Building a Brighter Future - Early Years and Childcare Plan*<sup>3</sup>, and forged strong collaboration through Inspection Wales.<sup>4</sup>

Although we are part of Welsh Government, there are a number of arrangements in place to ensure we safeguard our independence.

Our three regional offices in Llandudno Junction, Merthyr Tydfil and Carmarthen, provide the operational focus for our local authority social services work and our regulatory work. Our national office, also in Merthyr Tydfil, leads on the delivery of strategic reviews, engagement with people, knowledge management, and a range of corporate services, including information and communication technology.

## Working Together

It is important that we work effectively and efficiently with our partners. Under the Inspection Wales programme, we work closely with other inspectorates including the Wales Audit Office, Estyn, and Healthcare Inspectorate Wales to:

- promote joint and collaborative working
- co-ordinate planning to produce programmes of work that avoid duplication and ensure key risks and concerns are examined
- develop information and knowledge sharing
- identify opportunities to bring together intelligence on public services and report in ways which support service improvement, inform policy making and strengthen public accountability.

We also work closely with the Care Council for Wales<sup>5</sup>, which is responsible for regulating the social care profession, ensuring the workforce delivering social services and childcare is safe to practice and has the right skills and qualifications to work to a high professional standard. We work together to promote information sharing, especially around safeguarding.

We are also members of the Wales Health and Social Care concordat<sup>6</sup> and the Welsh Regulators' Forum.

<sup>2</sup> <http://wales.gov.uk/topics/health/publications/socialcare/guidance1/services/?lang=en>

<sup>3</sup> <http://wales.gov.uk/topics/educationandskills/earlyyearshome/building-a-brighter-future-early-years-and-childcare-plan/?lang=en>

<sup>4</sup> <http://www.inspectionwales.com>

<sup>5</sup> <http://www.ccwales.org.uk/>

<sup>6</sup> [www.walesconcordat.org.uk](http://www.walesconcordat.org.uk)

## What we do

### Local authority social services

We inspect and review local authority social services functions to see how they:

- meet the needs of people, improve their quality of life and promote their rights and well-being
- protect adults and children who are at risk of harm, neglect or abuse
- improve the way social services are delivered.

Every year, we complete and publish an evaluation of the performance of social services in all 22 local authorities in Wales. The evaluation is informed by the self-assessment of services completed by the directors of social services, performance data and our quarterly engagement meetings with senior managers to discuss progress and service developments.

We carry out a range of activities including:

- national and thematic reviews
- focused local authority inspections and improvement activity in response to specific issues arising
- monitoring and reporting on the use of Deprivation of Liberty Safeguards (DoLS) as required by regulation.

When serious failings are identified we put in place our serious concerns protocol which involves regular monitoring, visits and inspections to the authority in question to work with them to make the necessary improvements.

## Regulated Services

### Registration

As part of our regulatory function, we register, inspect and take action to improve childcare and social care in Wales. We want to make sure that only people and organisations who will provide a safe and high quality service are registered.

People wishing to provide childcare and social care services have to register by law. Our role is to assess the application and decide whether or not it meets the necessary standards and people are fit to run that service.

### Inspection

Once the service is registered, we monitor its performance and undertake regular inspections. Inspections are at the heart of our assurance work and our cycle of coverage means we visit adult services, children's homes and day care every year. Services which we believe are high risk will be visited more frequently. Our inspections are always unannounced with the exception of adoption and fostering services.

We assess providers and report on safety and the quality of experiences for people using services using four inspection themes:

- Quality of Life
- Quality of Staff
- Quality of Leadership and Management
- Quality of Environment

We have changed our inspections so we spend time observing care, talking and listening to people to understand their experiences, and making sure the care they receive is safe and complies with the law. This ensures that the well-being of people is at the heart of our work.

The introduction of the Short Observational Framework for Inspection (SOFI), a tool that allows our inspectors to assess the experiences of people who may not be able to say how they feel, for example people with dementia, has strengthened our focus on outcomes for people.

After each inspection, we produce a report which is published on our website.

### **Responding to concerns**

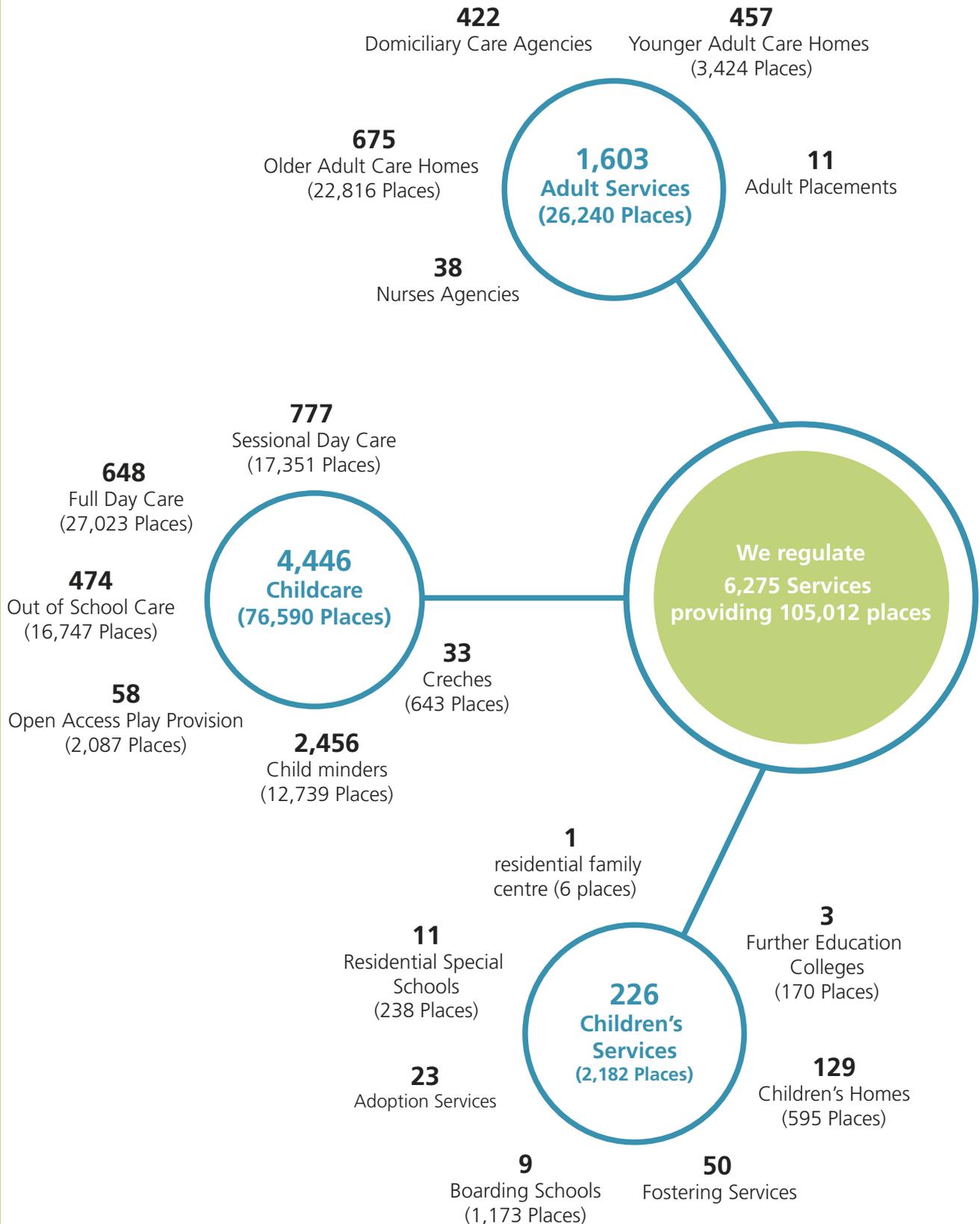
We encourage people using or visiting services to report any concerns to us. Our three regional offices have dedicated customer service teams who are trained to receive concerns and provide advice. If necessary we will refer the concern to the local authority's safeguarding team. In many instances, we will undertake an inspection in response to a concern.

### **Enforcement action**

When services fail to provide safe, good quality care and are in breach of regulations, we will take enforcement action. This begins with serving a non-compliance notice. If problems are not addressed, we will require the registered provider to meet with us to discuss our concerns and agree a way forward. If a service persistently fails we then take enforcement action. This can be 'civil', for example cancelling or limiting the service's registration, or in exceptional circumstances 'criminal', when we will prosecute the service provider and place the matter before a court.



**Diagram 1: Number of services regulated by CSSIW, 2013-14**



## Services regulated by CSSIW

### Children's homes

These include a range of services including care homes for looked after children, specialist placements for up to 52 weeks and respite services for children with a range of disabilities. On 31 March 2014, there were 129 children's homes registered to provide 595 placements.

### Care homes

We are responsible for registering and regulating residential and nursing homes for adults of all ages. On 31 March 2014, there were 675 older adult care homes with 22,816 places and 457 younger adult care homes with 3,424 places registered.

### Childcare

We register and inspect childcare for children under eight years of age including child minders, nurseries and after school clubs. On 31 March 2014, there were 4,446 childcare settings with 76,590 places.

### Domiciliary care agencies

We regulate the agencies and organisations that provide care and support for people in their own homes and in the community. On 31 March 2014, there were 422 domiciliary care agencies registered.

### Local authority and independent fostering services

Children can be cared for by foster carers who look after them in their homes either for short periods of time or long term. We are responsible for inspecting agencies and local authorities to ensure these services are able to meet children's needs and that they are protected from harm. On 31 March 2014, there were 50 fostering services, 28 were operated by the third sector and 22 run by local authorities.

### Adult placement schemes

These are locally run schemes that enable up to two people who have care and support needs to live as part of a family. Placements may be permanent or short term including

periods of respite care. On 31 March 2014, there were 11 adult placement schemes registered.

### Local authority adoption agencies and voluntary adoption agencies

We inspect, but do not register, adoption services provided by local authorities and voluntary organisations. They provide services including the recruitment, assessment and approval of adults who wish to adopt a child and also support for prospective adopters and children, including siblings. We do however register independent adoption agencies and we have one agency on our register. On 31 March 2014, there were 23 adoption services.

### Nurses agencies

These are organisations that provide private nursing services in the community and also support people with their personal care. On 31 March 2014, there were 38 nurses agencies registered.

### Boarding and residential schools and further education colleges that accommodate students under 18

We are responsible for the inspection of welfare arrangements for children in boarding schools, specialist residential schools and further education colleges in Wales. Estyn is responsible for inspecting the education provision. On 31 March 2014, there were nine boarding schools with 1,173 places and 11 residential schools with 238 places registered.

### Residential family centres

These provide a residential assessment service for families with children and help to develop parenting skills and improve relationships. On 31 March 2014, there was one residential family centre registered.

# Chapter Two

## How we performed

This chapter sets out what we did during 2013-14, including the delivery of our core functions in registration and inspection of care, and our evaluation of local authority performance. It also focuses on the areas where we have continued to improve within our organisation.

“

I like the idea of being given a judgement about the quality of care in our setting. We work hard to achieve good standards and it is valuable for this to be recognised and in the future be made public for potential parents to view. I do think the judgements given were accurate and it was useful when the inspector shared where she thought we were on the scale. A good manager can use these judgements to help move their setting (or) the team forward.”

”

*Nursery manager who took part in the Quality Judgement Framework Pilot*

### Services regulated by CSSIW

In 2013/14 we carried out the following activities:

#### Registration

- registered 466 new services
- processed 45 applications which were either refused or withdrawn
- closed or deregistered 501 settings.

#### Inspection

- completed 4,492 inspections (see diagram 2 for breakdown)
- this included an additional 284 inspections in response to concerns from others and exceeded our inspection programme for regulated services by 7%
- carried out 1,114 inspections that included two or more inspectors
- 279 inspections were outside normal office working hours, with 57 of these at weekends.

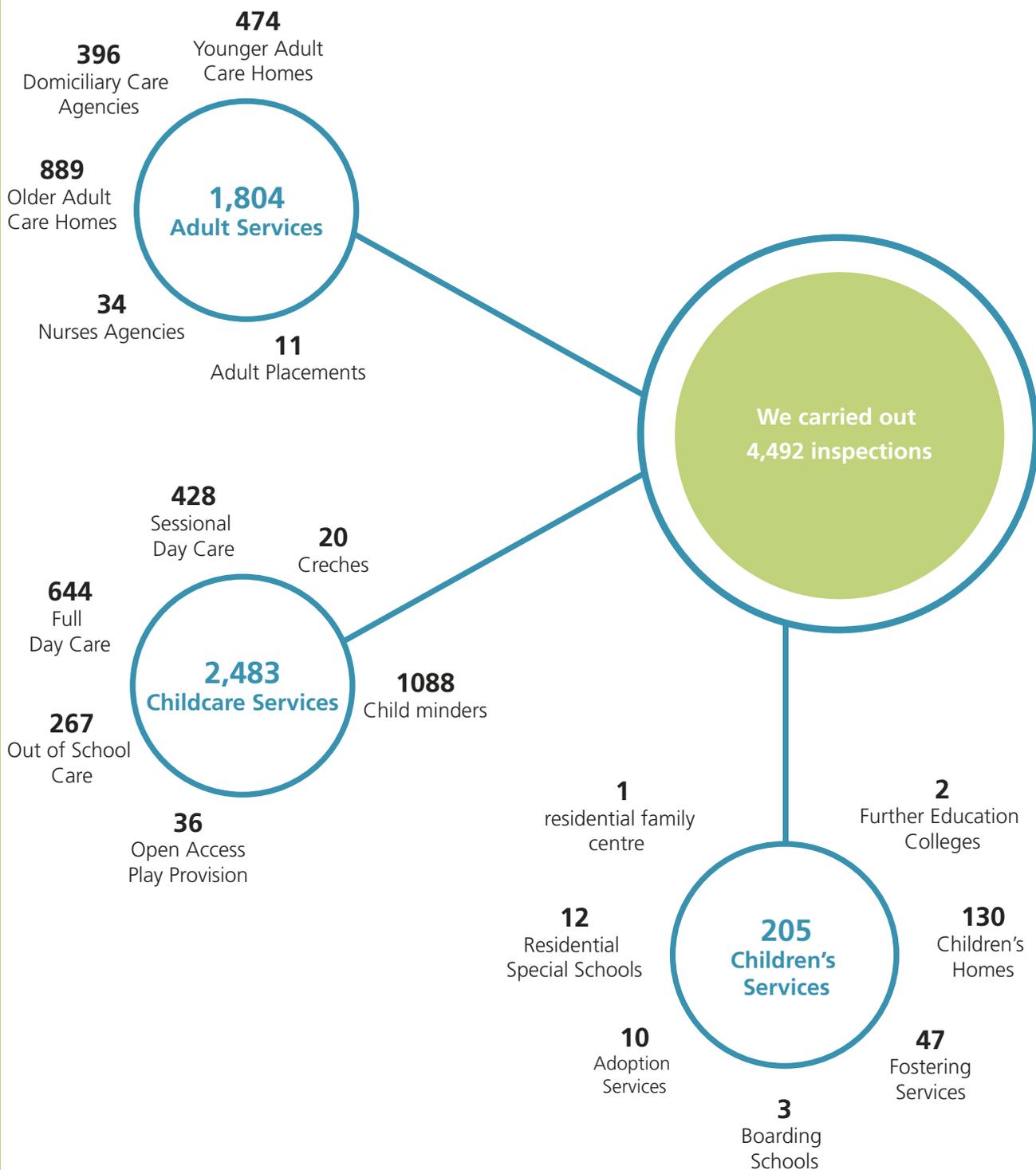
#### Concerns, enforcement and improvement

We received 2,170 concerns that related to 979 services.

We issued 1,303 non-compliance notices to 343 services and identified 57 services as 'services of concern'.

In Chapter 3 we take a closer look at our inspections of regulated services, the impact of our work, including how we deal with concerns raised by the public and professionals, and how we work with services that need to improve.

**Diagram 2: Number of care services inspected by CSSIW, 2013-14**



## Local authorities

During the year we:

- completed an annual evaluation of all local authority social services departments
- continued to monitor Neath Port Talbot Council's children's services under the serious concerns protocol
- undertook a national inspection of all local authority children's services for looked after children
- carried out a review of commissioning, including five local authorities
- undertook an inspection of Children and Family Court Advisory Support Service (CAFCASS Cymru)
- attended 33 scrutiny committees and/or corporate board panels.

### Local authority evaluations

Annual evaluations of all 22 local authority social services departments were completed. For the second year, we included an independent moderator to assist with our national evaluation to ensure findings were fair and balanced. In many cases, we were able to present the reports to council members (normally at a scrutiny committee).

Our area managers and regional directors attended 33 scrutiny committee meetings, corporate board panels and executive and director meetings to provide information on performance, safeguarding and concerns about the services being commissioned.

Inspection teams are allocated to each local authority area and led by an area manager who is able to make connections between the local authority and regulatory business. Although relatively new, the benefits of the teams and improved ways of working are being realised through strengthened local relations, collecting and sharing intelligence between commissioners and providers, and our promotion of outcome based regulation and commissioning. The new model has enabled us to assert greater influence to drive and monitor

measurable improvements with both local authorities and providers.

In some circumstances, our intervention and scrutiny had a direct impact on a local authority's performance. For example, the monitoring meetings we hold enable us to identify early poor performance or trends in specific areas that need to be addressed. This can be either through a specific inspection of a particular authority or through a more comprehensive national review.

### Neath Port Talbot children's services

We continued to monitor and inspect Neath Port Talbot children's services under our serious concerns protocol. In January 2014<sup>7</sup> we published our inspection report. This concluded that while good progress had been made, it had not resulted in consistent improvement in performance and quality across the planning and delivery of children's services in Neath Port Talbot. We continue to meet quarterly with the authority to monitor progress and sustainability of improvements. A further inspection will be carried out in 2015.

## Improving our business

### Consolidating our structure and methods of working

In 2012, we restructured our organisation and made radical changes to the way we conduct, inspect and regulate services and local authorities. Our priority has been to put people at the centre of all we do, to ensure they have a say in shaping services to best meet their needs and improve their experiences and outcomes.

### Workforce development

The organisation has undergone an extensive recruitment exercise appointing 40 new people including inspectors and analysts. We now have a workforce of 278 people located across Wales, with over 150<sup>8</sup> front line inspectors and area managers.

<sup>7</sup> <http://cssiw.org.uk/our-reports/local-authority-report/2013/140131npt-child-services-inspection/?lang=en>

<sup>8</sup> CSSIW Staff figures as of October 2014

We are committed to being a learning organisation and we strive to have an open culture of empowerment. This was recently re-affirmed in our staff survey where over 90% of respondents<sup>9</sup> said they felt trusted and supported to do their job effectively. We also invest in the professional excellence of staff to ensure they continue to develop their expertise, skills and experience. Our quarterly staff and leadership engagement events, and our staff development group, are key to our ongoing commitment to fully involve all levels of the organisation in the development of our work.

We have also been working with the workforce regulator, Care Council for Wales, to develop a curriculum for professional inspectors that will ensure they are highly competent and able to effectively deliver our inspection framework.

Our achievements in 2013/14 included:

### **Establishment of a National Advisory Board in January 2014**

The Board has a pivotal role in improving care, childcare and social services for people in Wales through better regulation, inspection and review. It is made up of people who have experienced services, service providers and commissioners, along with a range of voluntary and advocacy organisations who can advise and direct our work. The Board helps us by giving advice and recommendations on how we can improve care, childcare and social services in Wales. It also:

- provides specialist knowledge and insight into care and services
- represents a voice for the views of families, carers and service users
- provides critical oversight of our work to ensure it meets its aims and delivers positive outcomes for people
- influences our future work, based on our findings and performance across Wales.

### **Development and pilot of the Quality Judgement Framework for childcare services**

In February 2014, we piloted our Quality Judgement Framework for childcare services. A judgement framework is based on fair and transparent rules for inspectors to use to help make a professional judgement on how a service is performing. The pilot was independently evaluated by the University of South Wales.

### **Developing a new framework for local authority inspections**

We are currently developing a new framework for our local authority work that will give more coherence to national and thematic reviews, and the annual evaluation of performance. This will provide a stronger evidence base for improving the performance of social services.

### **Quality Review of inspection reports**

We completed a Quality Review Panel pilot study to review the quality of our inspection reports for children's homes. The review was undertaken by an independent panel and an internal assurance board. The findings will be used to help improve our inspections and reporting.

### **Design and implementation of independent visitor pilot for children's homes**

We are committed to involving people in our inspections and in March 2014 we piloted independent visitor arrangements across 11 children's homes in Wales. We worked closely with Voices from Care and involved former care leavers who engaged with young people in the homes to find out if the service was making a difference to their well-being.

### **Acting on feedback**

We take positive steps to learn from customer feedback and to continuously improve our services and relationships.

<sup>9</sup>Staff survey 2013/14 –64% of CSSIW staff responded to the survey.

During 2013/14, we received 33 complaints mainly from providers. The majority (31) relate to our processes, conduct of inspectors, and inconsistencies in our regional offices' handling of complaints.

We responded through training, staff feedback on the impact of their work, highlighting the importance of listening, providing clear advice and being transparent during inspections and in reporting our findings.

Feedback from post inspection questionnaires showed that the majority of services valued the work of inspectors, in particular the constructive manner of the inspection process and the open dialogue about how to make improvements. Feedback such as this is vital to help us improve our work and develop our inspectors' training.

## Communications

Improving customer services and being able to communicate effectively through a range of methods is vitally important.

We launched our new website in November 2013, including an easy-to-use directory of care services, and introduced a single telephone helpline to make it easier for people to get in touch and report concerns. We also enhanced our customer care teams and improved our digital engagement.

The audiences for our Welsh and English digital channels are increasing month by month. This is an area we will be developing as the communication requirements of our customers evolve and change. Our introduction of online services and video guidance, alongside paper based guidance, will make it easier for providers to engage with us.



## Working with others

We have continued to work closely with other auditors, regulators and inspectorates in Wales and the UK, to ensure our work is joined-up, efficient and effective. This included sharing plans and information, as well as delivering joint reviews with the Care Council for Wales, Healthcare Inspectorate Wales and Wales Audit Office.

This included:

- joint review of the Deprivation of Liberty Safeguards with Healthcare Inspectorate Wales.
- working with the Wales Audit Office on the Review of Commissioning
- working with Estyn to develop a joint inspection framework.

## Embedding Human Rights principles in our work

We are committed as a public body to implementing the principles of the Human Rights Act in our work and to ensure that these are recognised, respected and acted upon by those we inspect and regulate. We also strive to embed other human rights conventions and guidance, with relevance to social care, including the *UN Convention on the Rights of the Child*, and the *European Charter of the Rights and Responsibilities of Older People in need of Long Term Care and Assistance*.

Throughout the year we worked closely with both the Older People's Commissioner for Wales and the Children's Commissioner. This included responding to individual cases where concerns had been raised, taking forward action where recommendations had been made and undertaking work to provide them with information.

One example was our response to the findings of a review carried out by the Older People's Commissioner into the sudden closure of a care home in the Isle of Anglesey. Whilst it would have been difficult to have done anything to prevent the registered provider closing the business, we accept that by recognising the warning signs and working more closely with commissioners, the impact on people who were living at the home could have been anticipated and mitigated. We are taking the learning from this review into our new risk assessment framework to ensure we are more aware of services at risk.

A case study highlighting how we promoted the Human Rights Act in our work was also published in the Equalities and Human Rights Commission report *Human Rights in Action: Case studies from Regulators, Inspectorates and Ombudsmen*.

In 2014, Welsh Government issued its *Declaration of Rights for Older People in Wales*<sup>10</sup> and we contributed to its development. The Declaration brings to life the existing rights that older people already have in law such as the Human Rights Act 1998 and the Equality Act 2010.

It is very clear about what is expected of public services in Wales to ensure older people receive the support and services they need, whilst their dignity and rights are protected. Registered care providers are also bound by the changes under UK law<sup>11</sup> when providing an adult with either personal care in their home or accommodation with nursing care that has been arranged by a local authority.

People's rights are also an integral theme of our inspection frameworks for regulated services, including ensuring people are kept safe, treated with dignity and respect, have control over their daily lives and the care they receive.

<sup>10</sup> <http://wales.gov.uk/about/cabinet/cabinetstatements/2014/rightsofolderpeople/?lang=en>

<sup>11</sup> Section 73 of Care Act 2014, as it applies to the Care Standards Act 2002

## Case study: restrictive practices in a care home

When visiting a small care home for adults with learning difficulties, we observed an oppressive environment which included staff exhibiting controlling behaviour and restricting residents' activities. This included denying residents access to the kitchen and garden and imposing restrictions on personal choices such as what to watch on the television and what refreshments they wanted. In addition the administration of medication was regimented and unnecessarily stressful.

An assessment of these practices was informed by obligations under Article 8 (the right to respect to private and family life, which includes respecting autonomy), and Article 10 (freedom of expression).

We issued a non-compliance notice and a remedial action plan. As a result of this intervention, the service has improved and new systems were put in place to enable people to communicate and have a voice on matters such as decoration of their environment, meals, recreational and other social activities. People's rights are being better protected as a result.<sup>12</sup>

<sup>12</sup>As published in Human Rights in Action: Case studies from regulators, inspectorates and ombudsmen, 2014



# Chapter Three

## Improving care services

This chapter outlines our role in driving improvement in care, childcare and social services in Wales.

“ When I first became a manager we were registered under the Registered Homes Act, which was completely different to CSSIW but at that time it was focused on paper work. Now I do think it is definitely focused on people and the residents, and their life in the home. ”

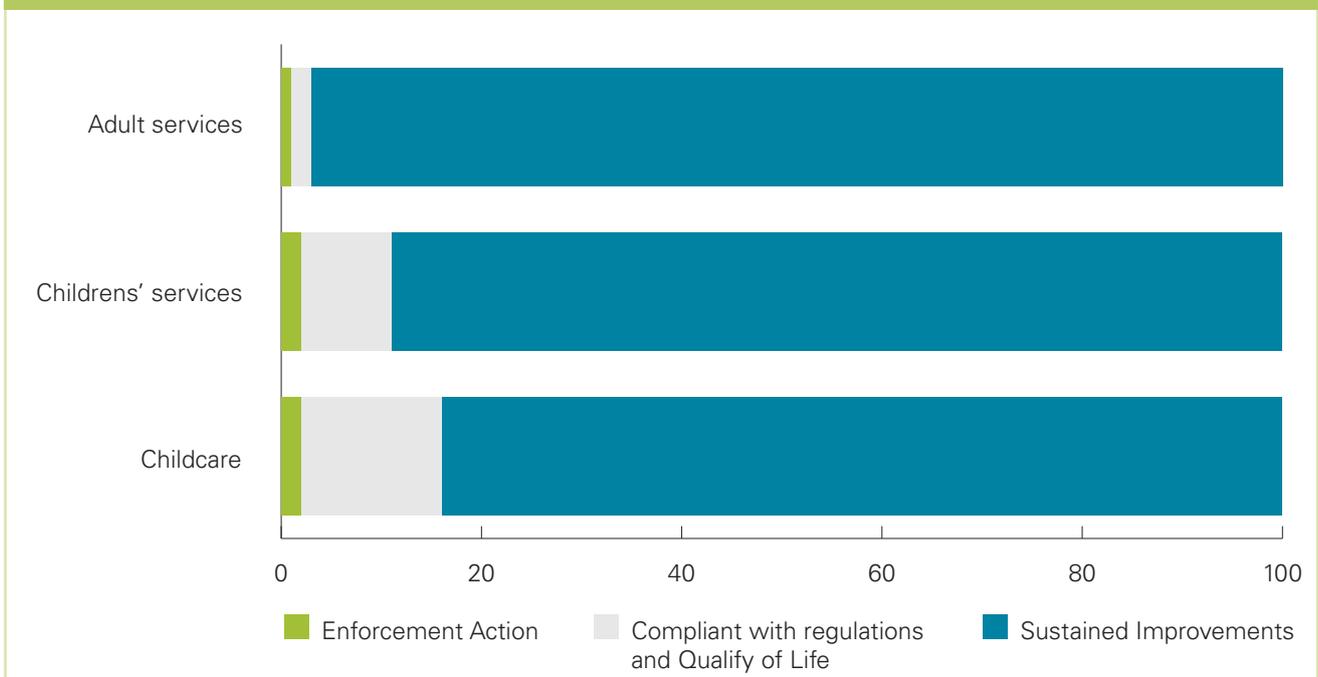
*Care home manager*

Our inspection reports include many examples of good care being received by people across Wales which enhances their well-being.

Diagram 3 below illustrates that contrary to the picture often painted in the media, most services did not require enforcement

action with regulations and standards. It is only a small proportion which present with significant problems with compliance and many of these are able to rectify problems and sustain improvement. Of these, there is a smaller number where ongoing failings are such that enforcement action is required.

Diagram 3: Summary of performance across regulated services 2013-14



## Diagram 4: Breakdown of performance in key areas 2013-14

### Childcare (includes full day and childminders)

Total Services registered: 4,446 – below we have provided performance on two key categories of children’s day care services inspected in 2013/14\*

- full day care (FDC) inspected - 644
- childminders (CM services inspected) - 1,088
  - » 96% (618 FDC services and 1,047 CM services) did not result in enforcement action
  - » 4% (26 FDC services and 41 CM services) were required to make sustained improvements through our non-compliance enforcement action.

Enforcement as a Service of Concern: 26 services

### Children’s Services (includes children’s homes, fostering and adoption agencies)

Total Services registered: 226

- » 94% (213 services) did not result in enforcement action
- » 6% (13 services) were required to make sustained improvements through our enforcement action

Enforcement action as a Service of Concern: 3 services

### Adult Services (includes adult care homes for people under and over 65, domiciliary care agencies and nurses agencies)

Total Services registered: 1,603

- » 86% (1,372 services) did not result in enforcement action
- » 14% (231 services) were required to make sustained improvements through our enforcement action

Enforcement Action as a Service of Concern: 28 services

\* These figures exclude settings registered as sessional day care, open access, 10 and out of school.

### **Inspections: the impact of our work**

One of our key measures is encouraging services to comply with regulations and meet required standards.

Not surprisingly the biggest challenges are found in adult care homes where the services are more complex, levels of need are high and the risks presented are greater. Data that we prepared for the Older People's Commissioner's review of care homes indicated that nursing homes for older people were much more likely to be the subject of incoming concerns, be of greater risk or have problems with compliance. Organisations and providers in the care sector have noted the challenges facing the nursing home sector, particularly in relation to the recruitment and retention of managers and nurses.

Our aim is to always work with providers and commissioners to secure improvement when this is in the best interests of people who use the service. However, we will take decisive action when people are at risk and services do not improve.

### **Enforcement and improvement**

During 2013/14, we issued 1,303 non-compliance notices in relation to 343 services.

By the end of March 2014, 422 notices of non-compliance were outstanding in relation to 108 services. This meant almost 70% of non-compliance had been addressed and 68% services had become compliant. This move towards compliance represents real, demonstrable improvement for those using services.



### Patterns of non-compliance by inspection theme

In 2012, we simplified our inspection reports so that services are now examined against four broad themes: Quality of Life, Quality of Staffing, Quality of Leadership and Management and Quality of Environment.

Our data illustrates that when serious non-compliance is identified, failures in leadership and management are commonly highlighted across all types of services. In adult services, this is often due to the prolonged absence of a registered manager, whereas in childcare services, poor quality assurance arrangements are commonly identified.

Quality of Life is a particular feature of non-compliance in adult residential services. Problems with assessments, care planning, nutrition and hydration, and administration of medication are commonly cited.

Quality of Staffing is also significant in relation to adult care services. Common problems include safe recruitment, training and ensuring staff cover.

Quality of the Environment is commonly cited in notices of non-compliance for adult residential homes. Some of these homes are large, aging and not purpose built, making them challenging and expensive to maintain. The lack of ongoing investment, maintenance and repair has been identified in a number of care and nursing homes for older people. Poor environmental conditions are often linked to a lack of budget provision and are an early indicator of services which are financially pressured. Services which are under financial pressure are also likely to have clusters of non-compliance notices across themes where budgets for staffing, training, activities and environment are insufficient.

Non-compliance notices by theme					
	Quality of Environment	Quality of Life	Quality of Leadership & Management	Quality of Staffing	Total
Adult Residential	152	287	254	165	858
Childcare	35	21	210	38	304
Children's Services	2	4	21	1	28
Domiciliary Care	0	11	69	33	113
	189	323	554	237	1,303

## Services of concern

As of 1 April 2013, we had 18 open 'services of concern' which were identified in the previous year. During 2013/14, we assessed a further 57 services as 'services of concern'.

Action was concluded in 49 of these services, of which:

- 24 achieved improvement;
- 13 services' registrations either cancelled or had restrictions imposed;
- two had enforcement notices issued;
- nine related to unregistered services, of which three registered and became compliant, four ceased operating and two upon investigation did not require registration;
- criminal investigations were also launched into one service.

As of 31 March 2014, 26 'services of concern' remained open.

Concerns are highly effective in identifying emerging patterns and help us to safeguard and protect the well-being of people using those services.

Most childcare services become a service of concern due to the need for urgent action required to safeguard children.

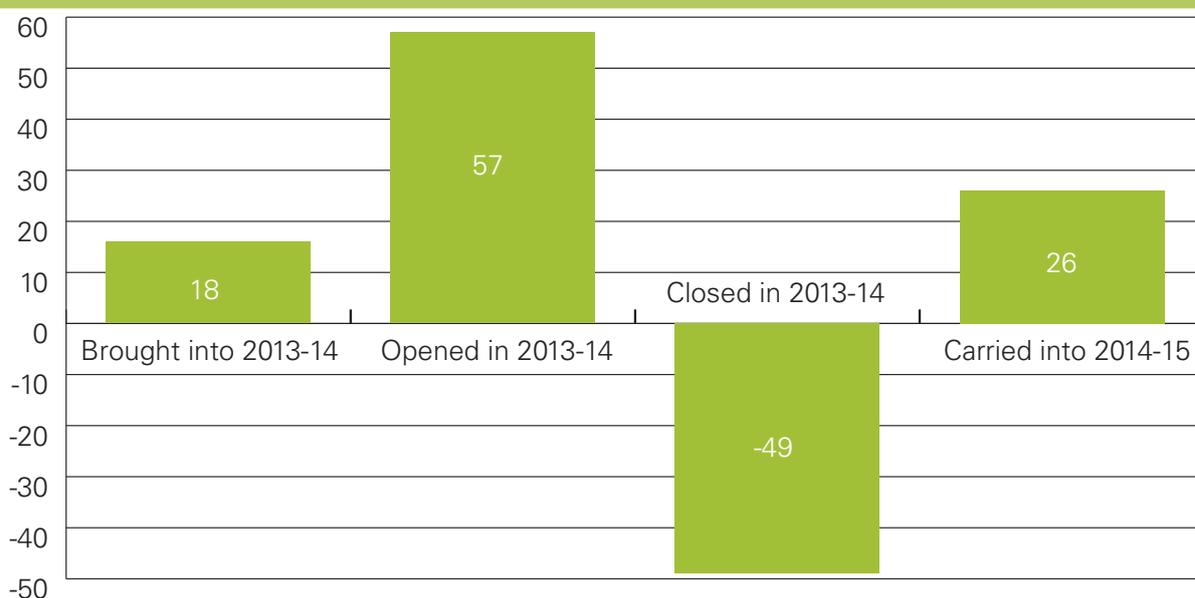
In contrast, care homes typically become a 'service of concern' because of a history of poor care delivery and non-compliance with regulations. A key factor is likely to be the inability of the provider to secure and sustain effective local management.

In relation to domiciliary care, common reasons for the service becoming a service of concern is a failure to register with us or expansion of a registered service to operate new branches without first obtaining registration. Following enforcement action some providers ceased to operate, while others chose to register with us but required time to prepare an application which demonstrated the required standards could be met.

Unlike care home provision, the nature of domiciliary care can be dynamic where services and their structure can change very quickly. It is important that commissioners always assure themselves that the services they are commissioning are registered with us.

The diagram overleaf provides a detailed breakdown of the numbers of enforcement notices issued and the number of settings involved.

Diagram 5: Services of concern 2013–14



## Responding to concerns: Using information from people

We actively encourage people to raise concerns with us and where appropriate take prompt action to refer safeguarding concerns to the local authority's safeguarding team. We will also undertake an inspection if there are concerns about people's welfare.

We have seen a significant increase in the number of concerns being referred to us largely from people who visit or use regulated services (doubling from 1,085 in 2012/13 to 2,170 in 2013/14). These include professionals such as occupational therapists, chiropractors and the ambulance service, as well as families and friends. We believe this reflects people's increased awareness of our concerns process and our more responsive approach.

The concerns were raised as follows:

- 5% of those using services contacted us directly
- 20% were by relatives, friends or an advocate
- 52% were by other professionals
- 10% were by staff working in the service
- 12% were not known
- 1% were by providers.

The majority of those concerns (around 85%) were for adult services.

As a result of the concerns raised, we carried out an additional 284<sup>13</sup> inspections largely in adult care homes. During the year we completed action in respect of 1,964 of the concerns raised with us. The outcomes are set out in the diagram below. Please note: 'other action' normally means an additional inspection was undertaken or a planned inspection was brought forward to consider the concern.

Number of concerns and the settings they relate to		
	Concerns	Settings
Adult Services	1,853	717
Childcare	270	230
Children's Services	47	32
Total	2,170	979

<sup>13</sup>The total number of concerns raised in 2013/14 was 395 of which 284 resulted in inspection over this reporting period.

Diagram 6: Concerns in services 2013-14

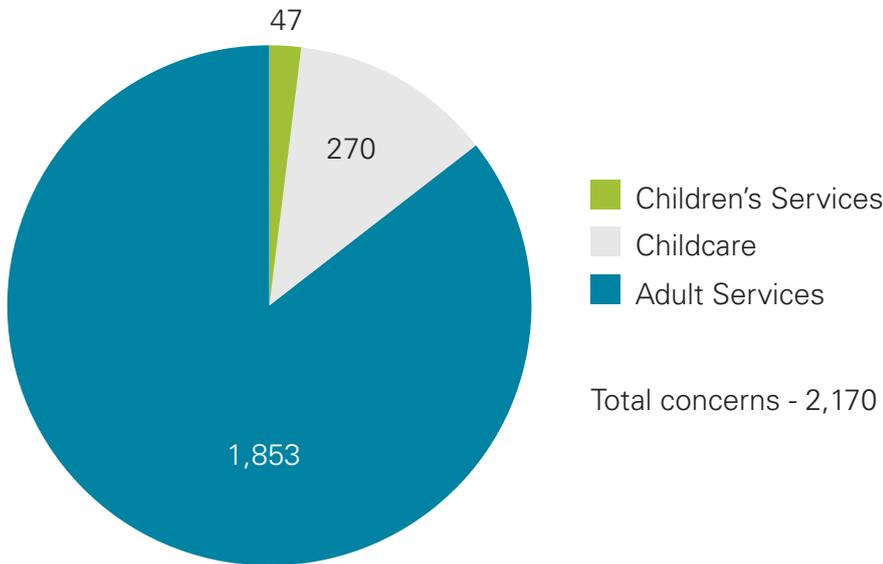
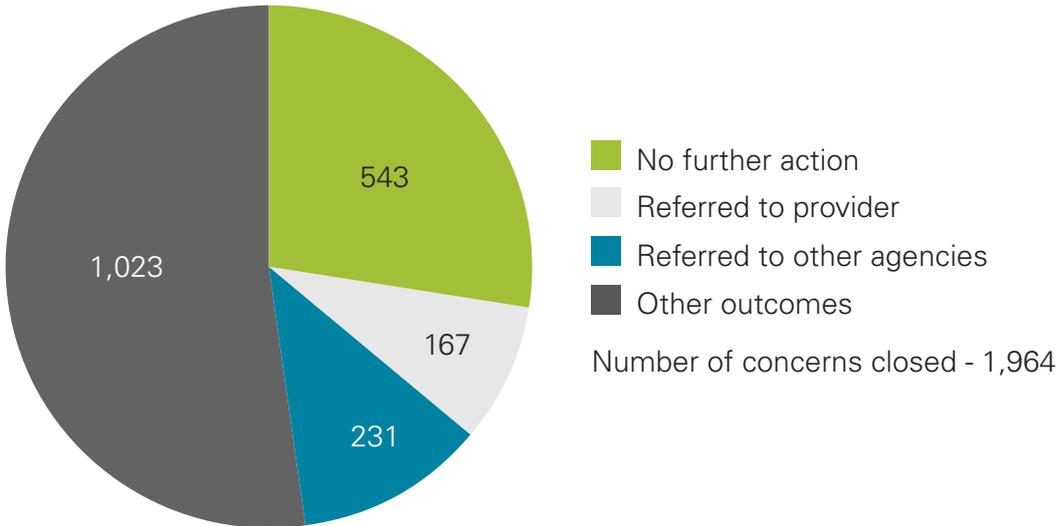


Diagram 7: Action taken on concerns closed 2013-14



## Case Study: Enforcement and improvement

A high risk care home that looked after 37 people with dementia was issued with seven non-compliance notices in September 2013. When we carried out a follow-up inspection, which was unannounced, we were pleased to find that all non-compliance issues had been rectified. We worked with the manager to make further suggestions to sustain improvement including recruiting staff and strengthening training and disciplinary procedures. This, in turn, has improved the experiences of the residents. Families have also been involved in their care, including new projects to engage the residents around gardening and personalising their environment.

The manager also visited two services that specialise in dementia care to gain learning and best practice that can be used to improve the home.

## Case Study: Concerns from relatives

Following a low level concern raised by a relative, we inspected a care home for 12 older people who also had a physical disability, mental illness and/or dementia. A number of issues were found including cleanliness of the rooms, lack of choice at mealtimes and staff too busy to spend time with the residents.

Four non-compliance notices were issued and areas for improvement agreed. When inspectors revisited the home unannounced, they were delighted to find it had been transformed with more staff, refurbished rooms and a new cook who offered more choice and better quality meals.

The changes implemented had resulted in the residents experiencing a better environment, being more engaged and getting involved in social activities.



## Case study: from concern to improvement

We received a call through our raising concerns protocol indicating poor care at a care home. Following an inspection of the home we identified a number of concerns in 11 areas and found that the manager did not have the right competencies or skills to manage the home properly.

We tried to work with the manager, as they told us that they were committed to making the necessary improvements. However, they demonstrated a lack of understanding about the basic needs of older people. On re-visiting the home, continued evidence of poor management was found.

The manager was suspended and a notice of proposal to cancel their registration was served, meaning the manager would no longer be legally authorised by us to manage the care home. This formal proposal to cancel the registration was uncontested and our decision became final in autumn 2013.

Due to the severity of the poor care that was being provided at the home, we also took the decision to cancel the care home provider's registration with us to protect residents. This meant the owner of the care home was no longer authorised by us to deliver care. We notified the Care Council for Wales of the issues relating to the manager's conduct for their consideration and any appropriate action.

The care home is now run by a new manager and owner. We continue to monitor the care provided to residents of the home to ensure it meets required standards of quality and safety.



# Chapter Four

## Annual Review and Evaluation of Performance of Local Authorities 2013-14

This chapter looks at the key issues emerging from our assessment and evaluation of the performance of local authority social services departments.

“ Local authorities are transforming their services in order to support people to remain living in their own home and community. However, more needs to be done to ensure people understand why these changes need to be made.

By 2021, the number of people with dementia across Wales is projected to increase by 31% and by as much as 44% in some rural areas. Local authorities and health boards must increase the pace at which they are transforming services to deliver integrated models of care that will effectively support people with dementia and their carer. ”

*Imelda Richardson,  
Chief Inspector, on launching  
The National Review of Commissioning  
for Social Care in Wales, 2013-14*

### **Increasing demand and financial pressures**

Local authorities are facing challenging times with financial cuts, increasing demands for care and support, and the possibility of reorganisation in the near future.

In addition to this, the new Social Services and Well-being (Wales) Act 2014 demands changes to the way social care is delivered with a greater emphasis on prevention and early intervention to enable people to live more fulfilled lives.

Whilst we understand these challenges, our priority is to work with local authorities to ensure they deliver safe, good quality services and outcomes for people across Wales. That's why our annual evaluation and review is so important.

### **Summary of our findings: So what did we find?**

From our evaluations we found that all local authorities are very clear about their need to reconfigure care services to meet the new legal landscape.

Nearly all were restructuring the way in which they configure and deliver services and had detailed plans (including areas for improvement) for the transformation and re-modelling of services. However, it is too early to assess the impact these changes will have for people needing care and support, or if they will deliver the level of change required.

## What makes for success

We found that better performing local authorities were those with:

- a stable senior management team who had a clear understanding of practice at the front line
- a focus on a whole system approach to achieving improvement
- a constructive approach to working with their partners, particularly in health services
- a readiness to learn from best practice.

Those authorities which did less well had:

- inconsistent social services leadership
- no real plans for improvement
- a focus on too many priorities
- failed to confront poor performance in assessment, care planning and reviews.

## Children's services

Overall, performance in children's services across Wales shows improvement, although there are considerable variations in both the demographics and performance of individual authorities. Some have experienced growth in the numbers of looked after children and children on the child protection register.

For example, one authority saw an increase of 30% in the number on the child protection register while another experienced a 28% decline in the number on the child protection register.

A closer look at children's services is included in Chapter Five of this report.

## Adult services

Performance measures for adult services across Wales are harder to interpret and trends vary significantly across local authorities. The overall downward trend in reducing the number of people supported across Wales, in both the community and in care homes, has continued. This could indicate the success of prevention strategies such as re-ablement, but it could also indicate that local authorities are raising eligibility levels so there could be higher levels of unmet need.

It is important that authorities understand what the pattern of demographic and performance indicators is suggesting about the quality of services, and if the care and support provided is improving outcomes for people.

Further information on adult services can be found in Chapter Six of this report.

## Areas for improvement

In children's services there is a need to improve:

- capacity, recruitment and training in foster care
- placement stability and out of area placements for looked after children
- corporate parenting
- workforce stability
- the transition from children's to adult services for younger people with a disability
- managing incoming referrals.

In adult services there is a need to improve:

- delayed transfers of care for older people
- quality assurance of services provided
- thresholds for adult safeguarding and Deprivation of Liberty Safeguards
- care planning and reviews.

# Performance

## Shaping services

Overall, local authorities were striving to shape services which were focused on early intervention and prevention. The partnership with health is crucial to achieving success, particularly with care and support for adults. There were many examples of social services and health care staff working well together, such as in re-ablement teams for older people or in Integrated Family Support Services (IFSS) for children and young people.

The establishment of joint commissioning hubs, for example in North Wales, was one demonstration of the efforts underway by social care, health and education partners, to plan and commission care and support, in ways that improve both quality and value for money. The establishment of regional adoption services was also a good illustration of this progress.

More needed to be done, however, to develop and implement commissioning strategies that promote and implement models of care and support, which prevent the need for more intensive or institutional arrangements. While there was evidence of positive partnership working with health at the front line, this was not consistently supported by effective strategic planning between health and social services.

In North Wales, for example, our evaluation suggested that a series of high profile difficulties experienced by Betsi Cadwaladr University Health Board had impinged on its ability to deliver on its good intentions. In the absence of practical, measurable outcomes from partnerships, local authorities will continue to struggle to meet the needs of vulnerable people.

## Getting Help

Our evaluations highlighted the extensive work that local authorities had undertaken in the way they initially responded to people asking for help. This work included the development of a single point of access with partners, multi-agency working in response to initial referrals, and improvements to the way information about care and support services was made available to people.

Although the figures for carers who were provided with a service following an assessment had improved, our evaluations showed that the amount and quality of the care and support offered was limited.

The final, significant theme emerging from our evaluations was that social services can struggle to deliver a good response to the needs of children and young people with mental health problems. The most common reason identified was difficulty in getting help from the Child and Adolescent Mental Health Services (CAMHS).

## Services provided

Inspections of regulated care services found that there were some good quality services being commissioned in the independent sector. In addition, the range of care and support services available for people was expanding, with a number of innovative and creative options being provided. The most notable example, in relation to adult services, was the continued development of re-ablement services to support older people.

For children and young people, the expansion and improvement of 'Team around the Family', which encourages organisations to work together to assist families and help them address the challenges they may face, showed an emphasis on early intervention and prevention. There was also evidence of efforts across adult and children's services to provide support in the community and prevent an escalation to longer term care arrangements.

## Supporting Welsh Language

Local authorities have a key role to play in the implementation of *More Than Just Words: the strategic framework for Welsh language services in health, social services and social care*.

This year we began to look for evidence that local authorities had action plans in place to meet their commitments. We found that all local authorities were aware of the need to respond to the strategic framework and most reported they had work in hand to take forward its objectives.

There was however little detailed evidence provided as to the nature of that work. One exception was an authority that explained how it was exploring with independent sector providers, their capacity to deliver services through the medium of Welsh by asking them to report on the number of care workers who could provide this service.

## The effect on people's lives

There was some evidence that efforts to promote independence and reduce dependency on residential care for older people are having a positive effect, with 1.5% less older people being supported in care homes over the past three years. Our evaluations suggested that the increasing prominence of re-ablement services for older people had probably contributed to this improvement. While there was some evidence of better outcomes for carers, overall it appeared that carers across Wales did not receive a consistently positive response to their assessed needs.

Our evaluations also considered whether there was evidence of an effective response to allegations of abuse or neglect that complies with statutory guidance.

Not surprisingly, performance varied across local authorities. Overall, while the number of children on the child protection register had increased by 9% since 2011-12, the timeliness of initial conferences and core group meetings had improved over the same

period. In addition, all local authorities were striving to deliver an effective multi-agency, safeguarding response, in alliance with their key partners. Some were developing a Multi-Agency Safeguarding Hub (MASH) to improve information sharing between agencies.

In adult safeguarding, there had been considerable progress in developing and implementing new multi-agency structures, including regional safeguarding boards. As in earlier years, we remained concerned that local authorities did not consistently apply thresholds that trigger adult protection investigations. For example, there were incidents of concerns leading to adult protection investigations that could have been more appropriately dealt with through other processes. At the same time, there were also examples where legitimate safeguarding concerns had not received the response they merited.

While we understand that each referral is unique with no easy answers, it is vital that local authorities use their safeguarding boards to rigorously assess the extent to which they are effectively responding to concerns. The evidence from our evaluations was that this kind of quality assurance in adult protection was an area in need of significant improvement across Wales.

Several of our evaluations also found concerns about performance in delivering regular reviews of care plans in adult services. As with other indicators, timeliness is no guarantee of quality, but it is vital that local authorities understand the impact and outcomes for people from the care and support provided. Reviews, if conducted with a focus on the voice and experience of the person, are an invaluable tool in assessing outcomes. They should also provide an insight into the economy, efficiency and effectiveness of the way in which resources are being used.

## Delivering social services

All local authorities were working hard to recruit, train and retain staff to deliver the care and support required. Evidence showed that there had been significant progress in recent years in developing the workforce and providing the right training and support.

Local authorities that were finding it problematic to recruit and retain experienced social services staff, particularly in children's services, tended to be those that performed less well in other areas so were less attractive to potential recruits. Clearly, there is a risk to workforce stability from the overriding imperative for local authorities to make significant savings in 2014-15, 2015-16 and beyond. For now, however, the development and stability of the workforce is a significant area of progress.

While some successfully link planning, accountability and performance management, our evaluation suggested that more needs to be done to deliver effective quality assurance for its services.

## Providing direction

We looked for evidence of clear leadership and direction for social services functions, with clarity of roles and responsibilities, and adequate management capacity. This should be underpinned by corporate and political support for the role and responsibilities of the statutory director of social services.

We also considered the effectiveness of the political arrangement for scrutinising the performance of social services. The extent to which areas for improvement in one local authority were areas of progress in another was striking. Some authorities have managed to achieve a degree of stability at senior management level that helped to secure good leadership for social services. These were

usually ones that did better at delivering integrated planning with their statutory partners. They were also better placed to make significant changes in the delivery of care and support that are required under the Social Services and Well-being (Wales) Act 2014.

Others had recently come through a period of change or restructuring at senior management level and were in the process of establishing their new arrangements. Others were facing losing members of their senior team and a period of considerable uncertainty. While some degree of turbulence is inevitable in any organisation, it is important that corporate and political leaders in local authorities pay close attention to arrangements for the transition to a new management team and sustain the focus on performance and outcomes for people.

Political leaders and local authority members had a key role to play in providing direction for social services. Many authorities had established a systematic programme of member visits to front line teams and had effective scrutiny arrangements in place. Overall, the capacity and ability of scrutiny to reflect the voice of people and assess the impact of decisions still had significant room for improvement.

# Chapter Five

## A closer look at children's services

This chapter provides an in-depth look at the performance of early years and children's services.

“ I didn't like being in care but it was the best thing for me, as if I hadn't gone into care I don't think I would have any sort of life now. I am at university and I am doing OK but I still worry about my family. ”

*Care leaver*

### Demographics – Wales

- There are 630,211\* children and young people under 18 years in Wales; 555,165 are under the age of 16 years.
- Approximately 195,000\*\* children live in poverty.
- In 2013/14, 19,920 children in need and their families received support from local authority social services.
- 5,755 children of those in need were looked after.
- In 2013/14, local authorities reported expenditure in children's services was £531,026,000 (£245,303,000 for looked after services).

\* StatsWales – ONS mid year population estimates, 2013

\*\* This estimate is based on Households Below Average Income (HBAI) data for Wales, which show that 31% of children are living in households below 60% of the median household income (after housing costs), for the three year period 2010/11 to 2012/13. The data is derived from the Family Resources Survey.

### Safeguarding children

Providing assurance of local and national arrangements to ensure the protection of the 600,000 children in Wales is paramount to our work.

Events in Rochdale and Rotherham, and the re-opening of the North Wales Child Abuse inquiry in relation to 18 children's homes, have provided sharp reminders of the vulnerability of children and young people, and how systems designed to protect them can fail.

Our primary role is to ensure services and systems are safe, and promote the rights and well-being of children. We do this through:

- the registration and inspection of regulated childcare and other children's services including children's homes, domiciliary care (short breaks), fostering and adoption services
- the monitoring and inspection of local authority performance in the planning, commissioning and delivery of children's social services. In particular, whether robust arrangements to safeguard children are in place. This includes timely investigations of allegations of abuse, neglect or harm and whether they fulfil their duties as corporate parents for the children they look after
- reviewing the quality and effectiveness of Children and Family Court Advisory Support Service in Wales (CAFCASS Cymru) in the discharge of their private and public law functions in family proceedings.

## Early years' childcare services and poverty

Provision of good quality childcare is key to helping children reach their potential and can help to address the Welsh Government's<sup>14</sup> aspiration for tackling poverty and promoting economic and social mobility. Wales has the second highest relative child poverty rate (before housing costs) of any region in the UK, with 22 per cent of children living in poverty<sup>15</sup>.

A 2013 study (using the Millennium Cohort Study)<sup>16</sup> concluded that the less target-driven systems of Wales and Scotland appeared to be associated with greater inequalities in child development. It was also noted that 'poor' children in Wales and Scotland reported greater levels of subjective well-being.

We were assured of the quality of childcare through our regulation and inspection of 4,446 settings, which offer 76,590 places. Our inspections help to support parents and carers to make choices about work in the knowledge that their children are safe and being well cared for.

Children's access and attendance to good quality care<sup>17</sup> can help narrow the attainment gap for children who are disadvantaged, supporting their development and giving them a head start before they enter school<sup>18</sup>. Quality childcare also has benefits in bringing together children from different social and cultural backgrounds to enrich their experiences and improve social, language and development skills, along with general well-being. Our inspection themes are aligned to the Welsh Government's aims for tackling poverty and inequality, and focus on experience for the child, quality of the workforce, leadership, management and the learning environment<sup>19</sup>.

## A right to be heard

We take seriously our responsibility to ensure children can exercise their right to be heard. The principles and duties of the United Nations Convention of the Rights of a Child (UNCRC) and our domestic Children's Rights Scheme<sup>20</sup>, is embedded in our organisation. The application of SOFI for example, is integrated into our inspections of early year's childcare settings. Through careful observation, inspectors are able to assess the quality and impact of children's experiences and the response of staff to children's needs and wishes.

<sup>14</sup> Child Poverty Strategy for Wales, Building Resilient Communities: taking forward the Tackling Poverty Action plan (July 2013) and Building the Future

<sup>15</sup> The Households Below Average Income (HBAI) survey reports regional poverty data (before housing costs) aggregated over three years 2010/11 to 2012/13 to overcome issues of small sample sizes.

<sup>16</sup> Taylor, C.M., Rees, G.M., Davies, O.R., Devolution and Geographies of Education: The Use of the MCS for 'Home International' Comparisons Across the UK, Comparative Education, 2013

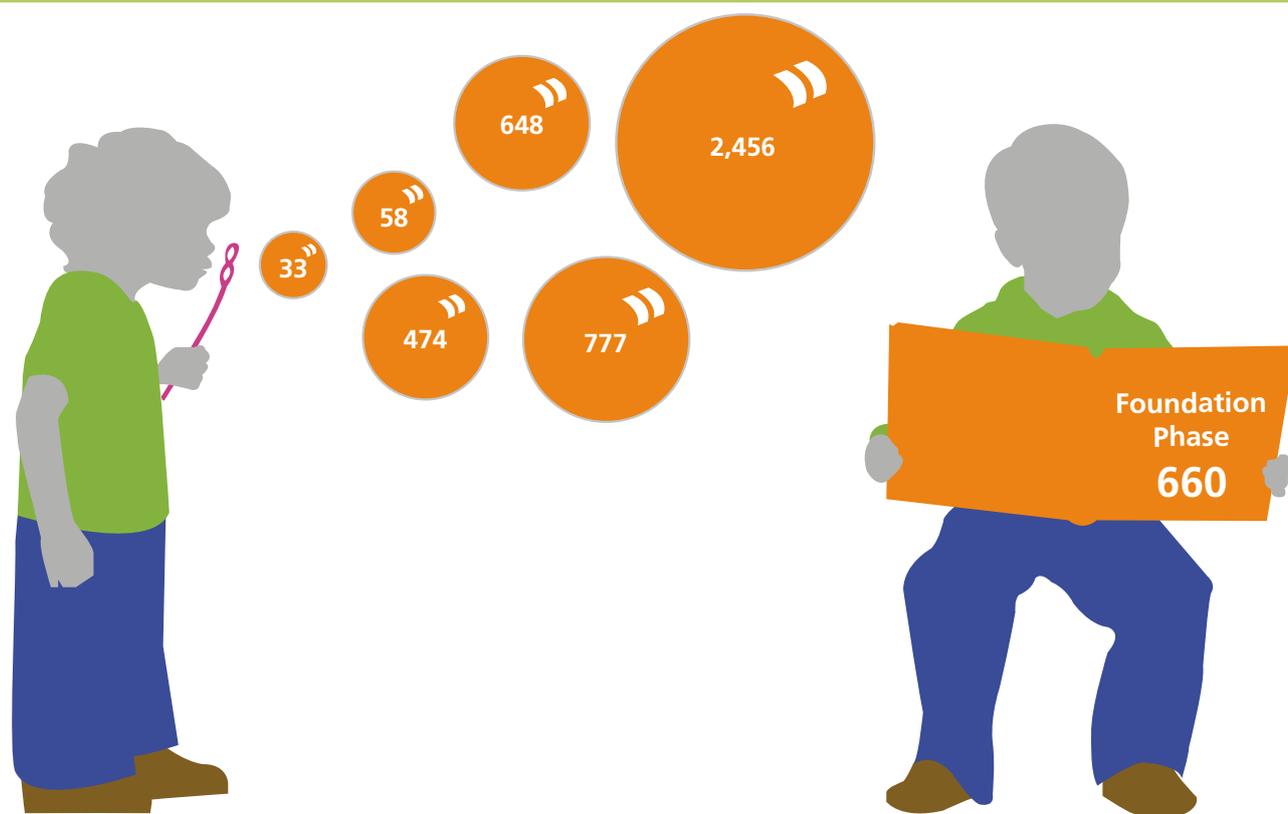
<sup>17</sup> Sound Foundations, Improving social mobility through education, the Sutton Trust 2014

<sup>18</sup> The Formal childcare Market in Wales, February 2014 - WISERD- David Dallimore

<sup>19</sup> Building for the Future – Childcare and Early Years 2012

<sup>20</sup> Children's Rights Scheme, 2014 Approved by NAFW 29 April 2014

## Diagram 8: Number of childcare and early years services, 2013-14



The bubbles represent the total number of childminders (**2,456**), full day care (**648**), sessional day care (**777**), out of school care (**474**), crèches (**33**), and open access play provision (**58**) in Wales.

Number of non maintained settings funded by the local authorities to provide foundation phase curriculum.

### Availability of Early Years' Childcare

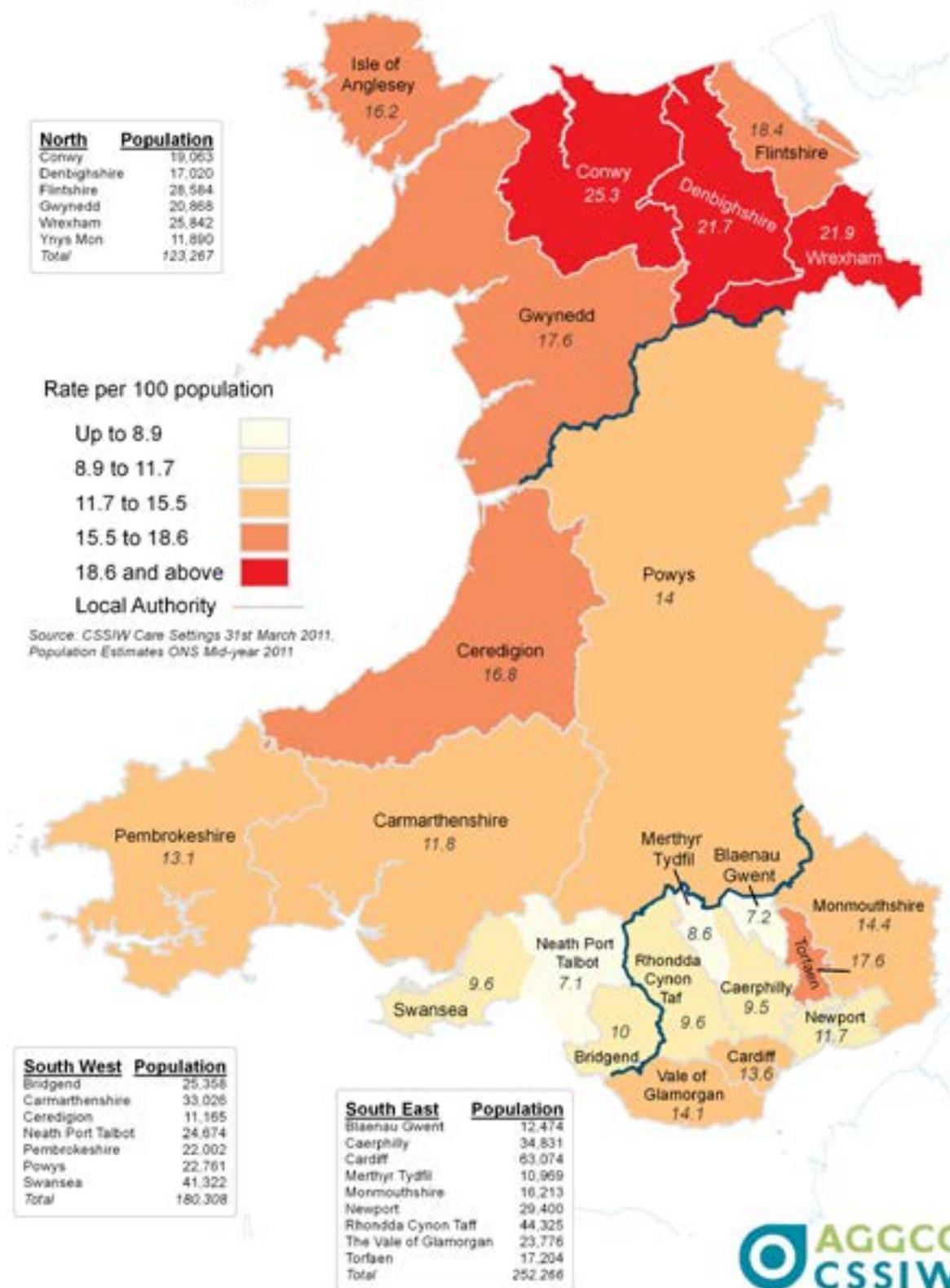
Local authorities, through their local childcare sufficiency assessments<sup>21</sup>, aim to ensure they can provide a diverse range of accessible and affordable childcare. The information we gather on childcare provision makes an important contribution in supporting local authorities and providers to shape the market and increase capacity and sustainability of quality childcare. This in turn can assist families on low incomes by enabling them to access tax credits.

Diagrams 9 and 10 show the comparable figures of childcare provision registered in 2011 and in 2014.

It is interesting to note that provision for under eights, in regulated childcare not in school, had been static with only a 0.5% increase in settings and a 2% increase in places. However, this masks other trends. Whilst there appears to have been steady growth in the childcare sector with an increase in the number of registered services for full childcare (4%) and child-minders (3%) with additional places of 3,186 (13%) and 606 (5%) respectively during this period, this appears to have been at the expense of other regulated childcare provision, such as out of hours care and holiday play schemes.

<sup>21</sup> Section 26 Children Act 2006.

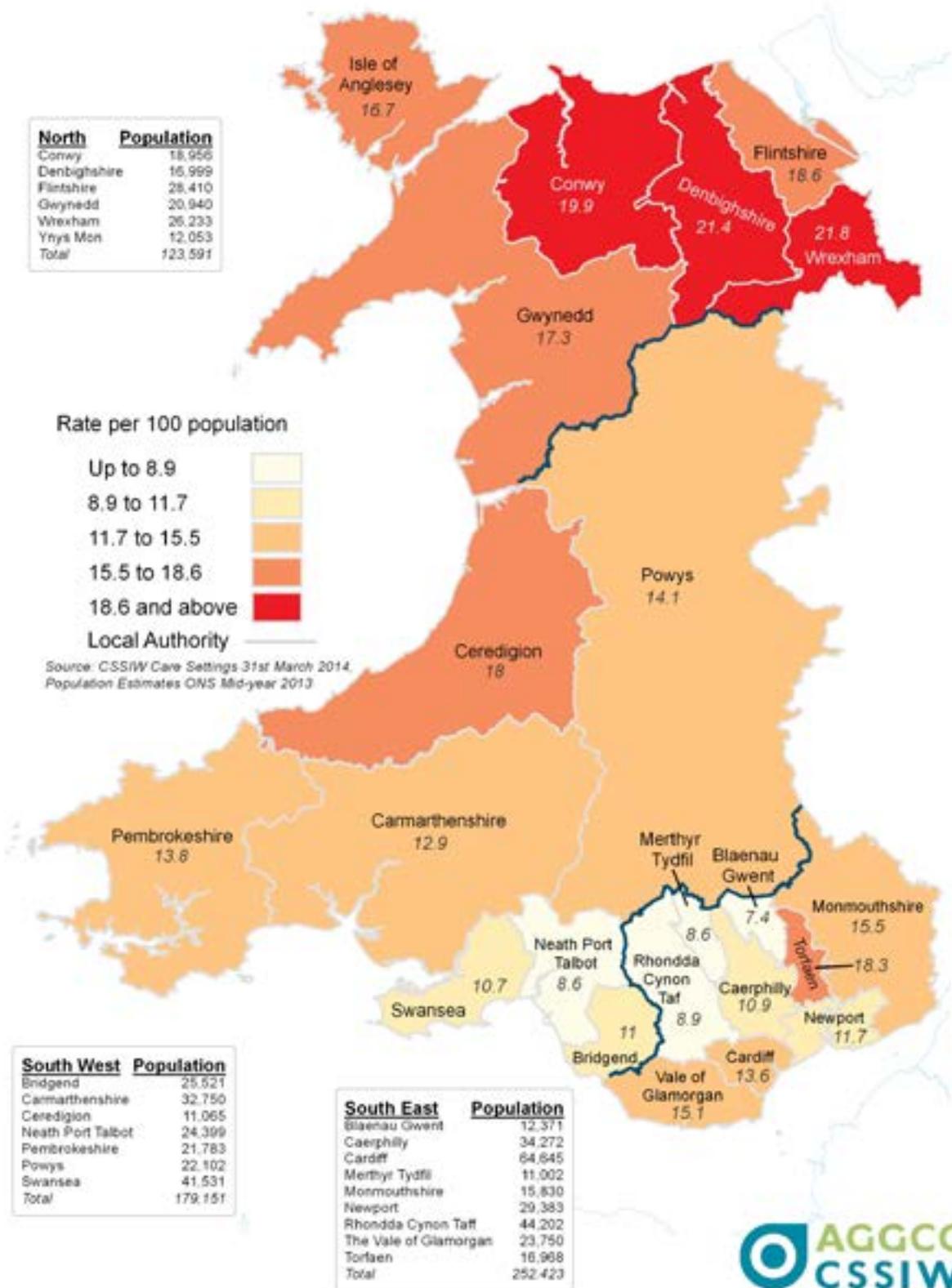
Diagram 9: The rate of childcare places per 100 population aged under 8, as at 31 March 2011



Contains Ordnance Survey data © Crown copyright and database right 2014



Diagram 10: The rate of childcare places per 100 population aged under 8, as at 31 March 2014



Contains Ordnance Survey data © Crown copyright and database right 2014



It is interesting to compare the trends and market provision between 2011 and 2014 for under eights in non-maintained childcare settings and the percentage of the population under four years in receipt of Flying Start health provision, and corresponding data in the Welsh Index of Deprivation<sup>22</sup> (Diagram 11). For example, the rate of childcare places per 100 population for children under eight in Rhondda Cynon Taf (an area of high deprivation) is only 8.9% against 21.4% in Denbighshire. The rate for Rhondda Cynon Taf has decreased in the past three years.

Local authorities and childcare sectors will need to consider whether there are particular barriers to the development of childcare services in poorer communities and how these might be overcome.

The Millennium cohort survey<sup>23</sup> reported that a strong correlation between education and family income, a child's cognitive development, and other outcomes. For example, 40% of 11-year-olds in Wales were overweight or obese compared to 35% in England, and were also more likely to be persistently poorer (21% compared to 16%). Children were also at a higher risk of persistent poverty if they lived in a family who did not work (50%), a lone parent family (30%), had a disabled parent (26%), were themselves disabled (22%), or were of any minority ethnicity except Indian.

The HMRC Children in Low Income Families measure showed the wide range of child poverty across the UK with wide variables of child poverty across the regions. For example in England child poverty varied from 6.1% in Hart in Hampshire to 46.1% in Tower Hamlets; in Wales from 12.5% in Monmouthshire to 29.4% in Blaenau Gwent; and in Scotland from 6.9% in the Shetland Islands to 32.2% in Glasgow.

Diagram 11 shows the distribution of Flying Start provision for children under the age of four. When compared to the provision of childcare for those aged under eight, Diagram 9 shows that authorities with the lower levels of childcare were in some of the most deprived areas<sup>24</sup> in Wales.

We note the Welsh Government's priority to double the number of children and their families benefiting from the Flying Start programme from 18,000 to 36,000 by 2016. But it is important that this funding reaches communities most in need to ensure the development of good quality childcare places in poorer areas.

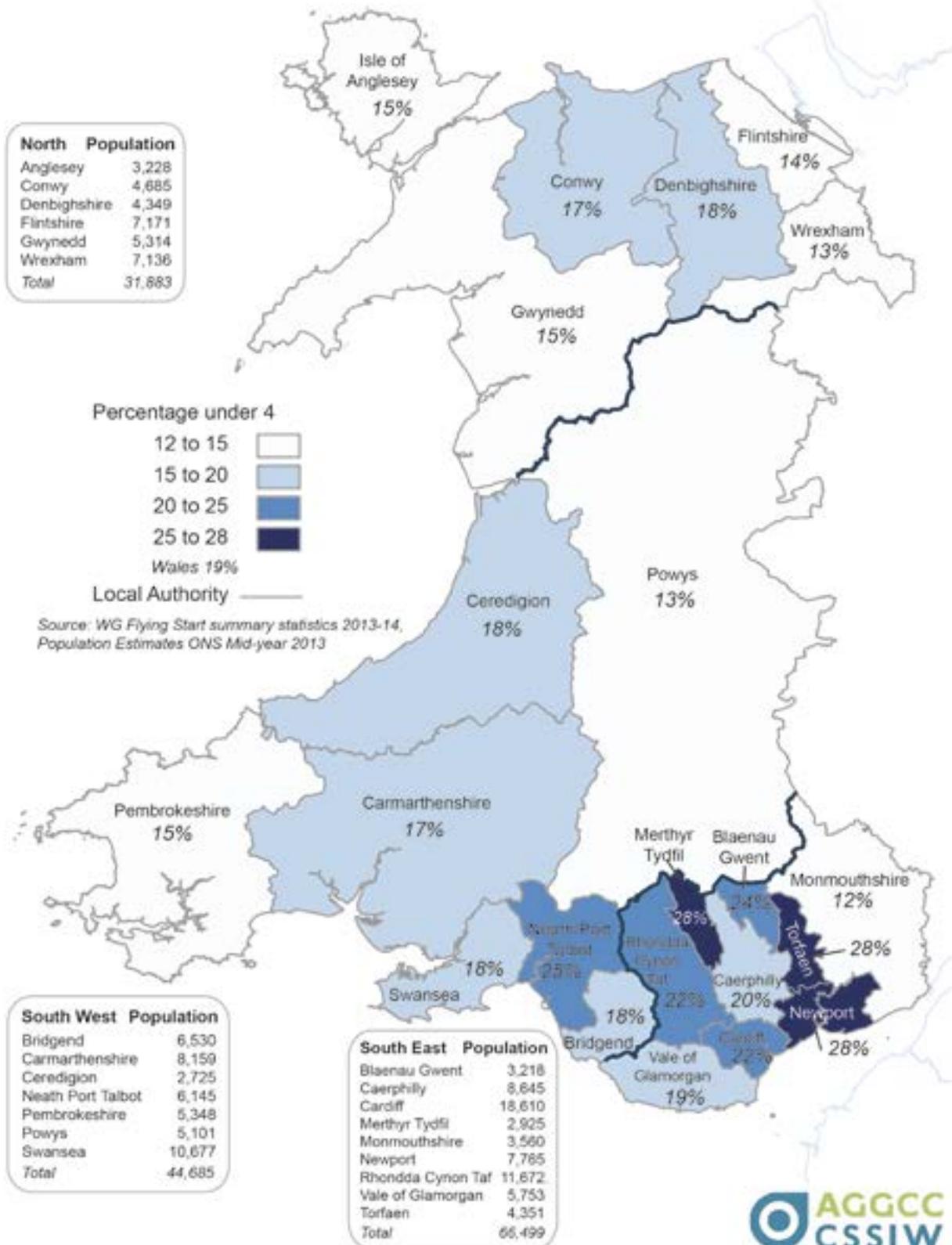
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<sup>22</sup> Welsh index of Deprivation 2014.

<sup>23</sup> Millennium Cohort Survey age 11 0 initial findings – Centre for Longitudinal Studies (CLS) INSPCTITA OF Education, University of London (November 2014).

<sup>24</sup> Blaenau Gwent, Merthyr Tydfil, Rhondda Cynon Taf and Neath Port Talbot.

Diagram 11: Percentage of population aged under four years on Flying Start health visitors caseload



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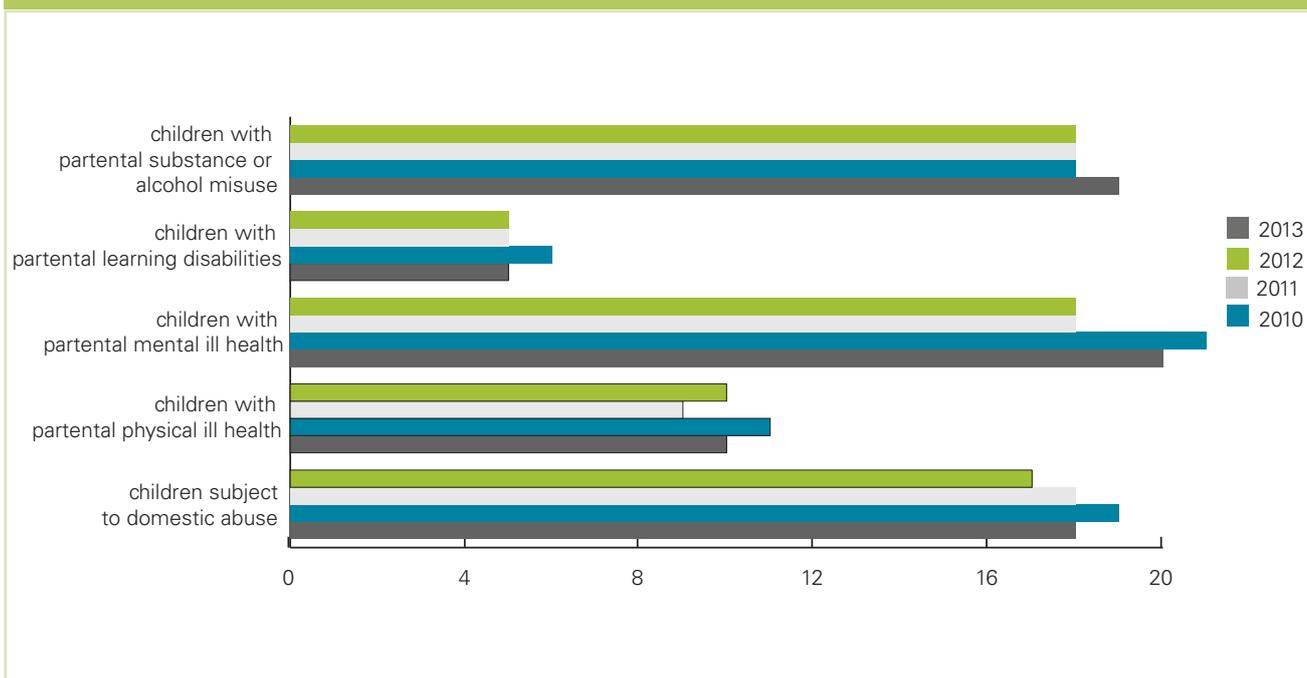
## Review of early years and childcare

A number of Welsh Government childcare and education reports<sup>25</sup> and reviews<sup>26</sup> in 2013/14 called for a unified system that brought together the regulation and inspection of childcare, and Foundation Phase education, for children from birth to seven years old. Currently, both ourselves and Estyn inspect around 660<sup>27</sup> childcare services registered by their local authority to provide education for three and four year olds (Foundation Phase). Our inspections are focused on safety, quality of care, experience and outcomes. Estyn considers the broad well-being of children, the learning environment, the development progress and outcomes.

## Children in need

Many children live in families with multiple complex difficulties where drug and alcohol abuse, domestic violence and mental illness are a daily part of their lives. It is these children who are at greatest risk of harm and there had been a concerted effort to support families earlier through programmes like Flying Start, Families First (FF) and Integrated Family Support Services (IFSS). However, there was limited evidence of the impact of these services in reducing the number of children who were at risk or became looked after. Diagram 12 shows the reasons for child referral to social services since 2010.

Diagram 12: Children in need by reason for referral (parental issues)



<sup>25</sup> Foundation Stocktake Report 2013/14

<sup>26</sup> Review of childcare and early years registration, regulation and inspection (Graham Review)

<sup>27</sup> Figures as of 31 March 2014, source Estyn as provided by local authorities

Performance figures across Wales indicate local authorities are improving in their responsiveness to incoming referrals year on year. There was also a significant increase in cases being allocated to social workers for assessment (up by 12% to 75%), a significant reduction in re-referrals within the year (down by 5% to 22%) and an increase in the number of children seen alone by social workers (up by 5% to 43%).

In 2014, 3,135<sup>28</sup> children (including unborn children) were on the child protection register, a 6% increase on 2013 level. This is an increasing long-term trend since 2002. Neglect (39%) and emotional abuse<sup>29</sup> (38%) represented the two largest categories of children being on the register, with three times as many children on the register due to emotional abuse in 2014 compared to 2002. Despite the increase, performance data indicates that local authorities were maintaining oversight of these cases with 98% of child protection reviews being carried out within the statutory timescales.

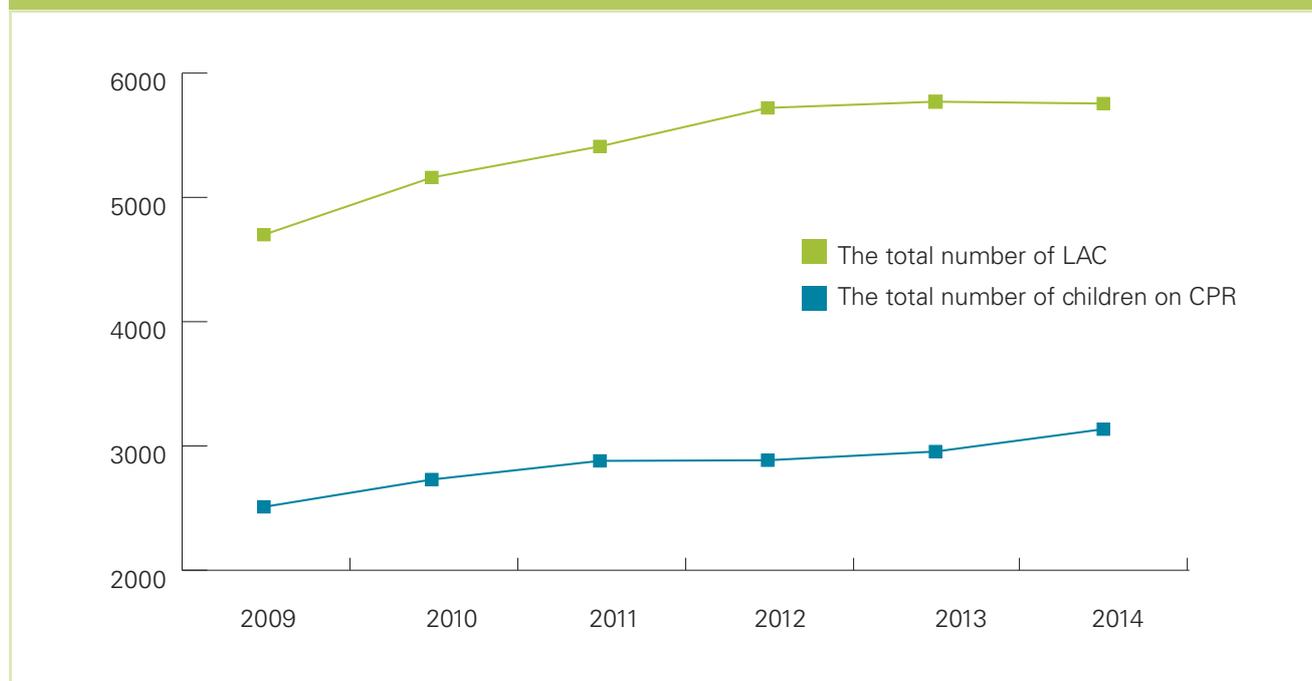
It is vital to provide early support for vulnerable children and their families to enable them to contribute to and benefit from society as adults and as future parents.

### Looked after children

The number of looked after children remained relatively stable over the last three years, although expenditure increased to £245million, representing 15% of local authorities' total spend on social services. The rates of looked after children in Wales were higher than elsewhere in the UK<sup>30</sup>, for example rates per 10,000 in Wales are 91.3, compared to 60.3 in England and 66.2 in Northern Ireland.

As local authorities enter a period of increasing austerity, sustaining support to looked after children and investing in good quality care packages will become more challenging. It will be increasingly important to ensure only those who require care are looked after and when children are brought into the care system they are enabled to return home or achieve permanence as soon as possible.

Diagram 13: The number of children looked after and on the Protection Register - Wales, as at March 31 2014



<sup>28</sup> SB 88/2014 Statistical Bulletin, Local authority child protection registers in wales, see [www.wales.gov.uk/statistics](http://www.wales.gov.uk/statistics)

<sup>29</sup> Chart 4 SB 88/2014

<sup>30</sup> <https://stats.wales.gov.uk/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/Children-Looked-After-At-31-March-Per-10000-Population-Local-Authority-Year> published – 24/09/2014)

England in 2014 (0 – 17 years) 60.3 per 10,000 (source - <https://www.gov.uk/government/collections/statistics-looked-after-children> published – 10/12/2014)

N. Ireland in 2014 (0-17 years) 66.2 per 10,000 (source - <http://www.dhsspsni.gov.uk/child-social-care-13-14.pdf> published – 19/10/2014)

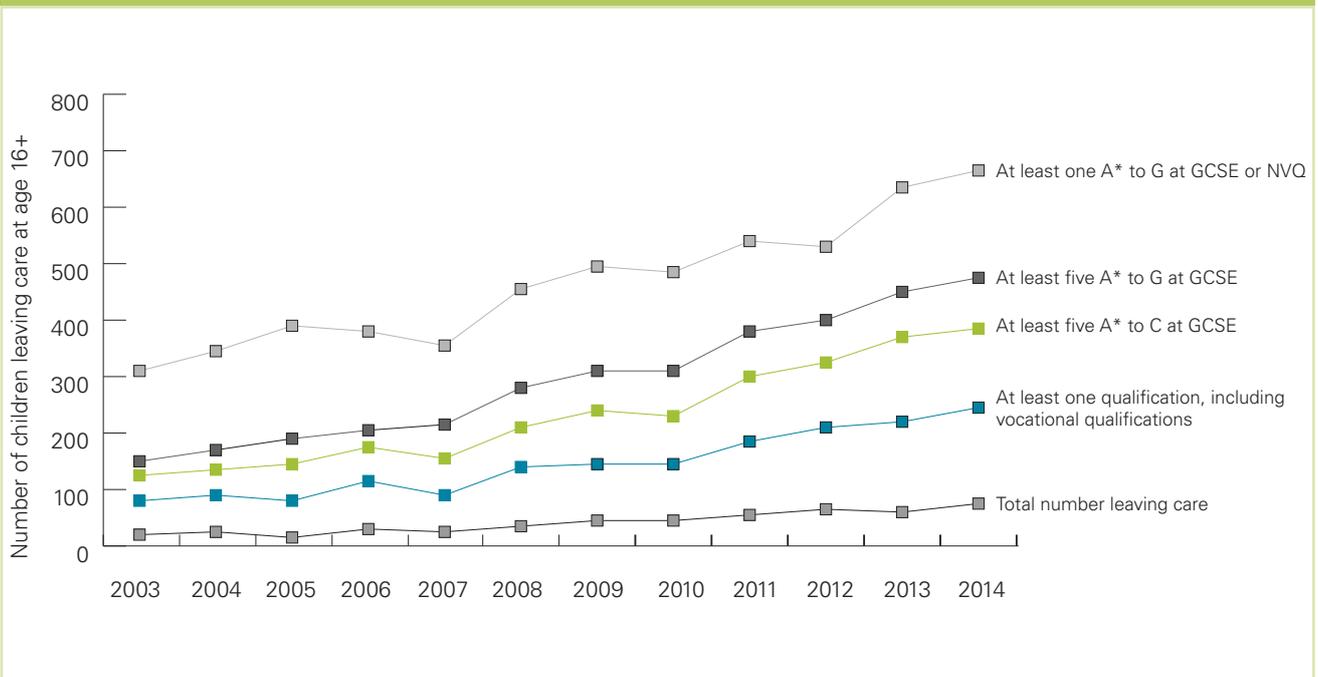
### Improvements for looked after children

A number of performance indicators were showing improvements for looked after children and care leavers. These included education attainment levels (see Diagram 14) and placement stability, where there had been a year on year decrease in the number of children experiencing more than three placements.

There had also been an increase in the number of looked after children having statutory reviews (up by 4% to 96%) and small increase in the number having a long term plan in place at the time of the second review (93%).

However, evidence from our evaluation of local authorities' performance, and our recent national inspection of safeguard and care planning of looked after children and care leavers, indicated a mixed picture in respect of the quality of care, experience and outcomes for these children. This report was published in January 2015.

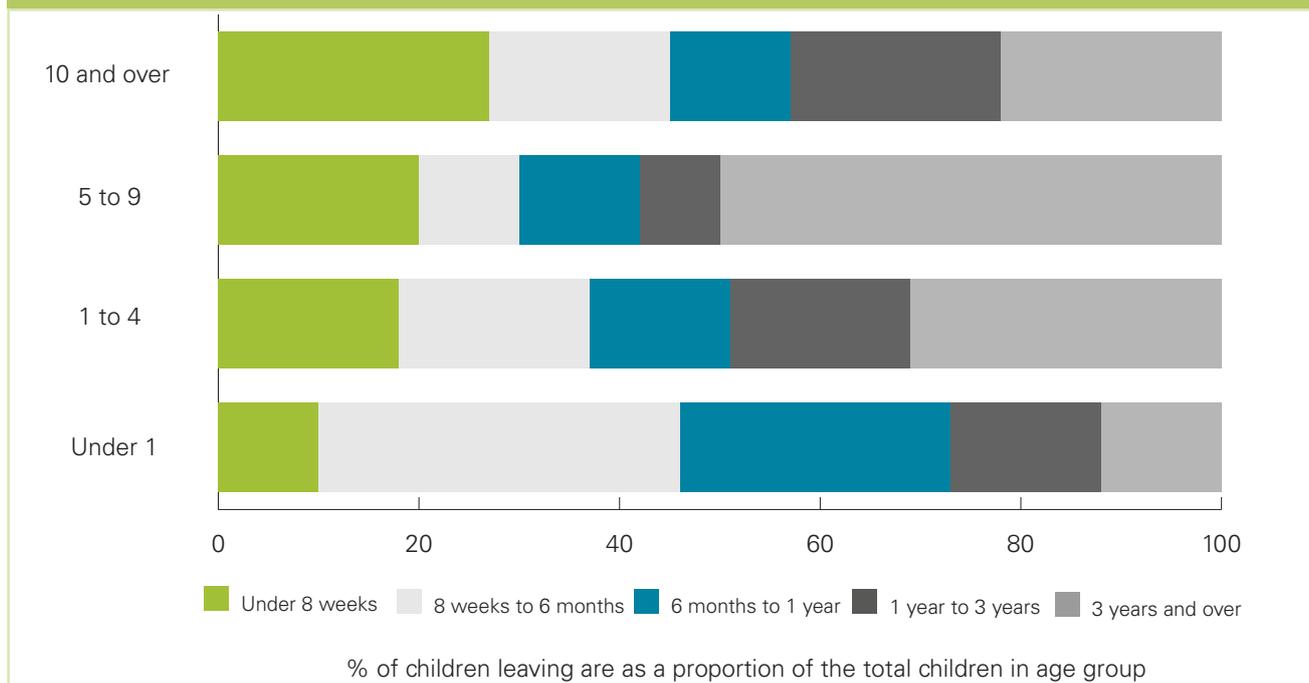
Diagram 14: Educational qualification of care leavers in Wales (2003–2014)



One area that required greater analysis was the length of time some children spent in care, especially those aged five to nine where 60% were in care for more than a year, with the significant majority (50%) being in care for three or more years (see Diagram 15).

A greater understanding is needed as to why they spend so long in care at a critical time in their development and what the barriers are to achieving early permanence.

**Diagram 15: Length of period of care by age of child at start of period**



### Inspection of fostering, adoption agencies and children homes

Each year we carry out inspections of fostering and adoption services, and children’s homes.

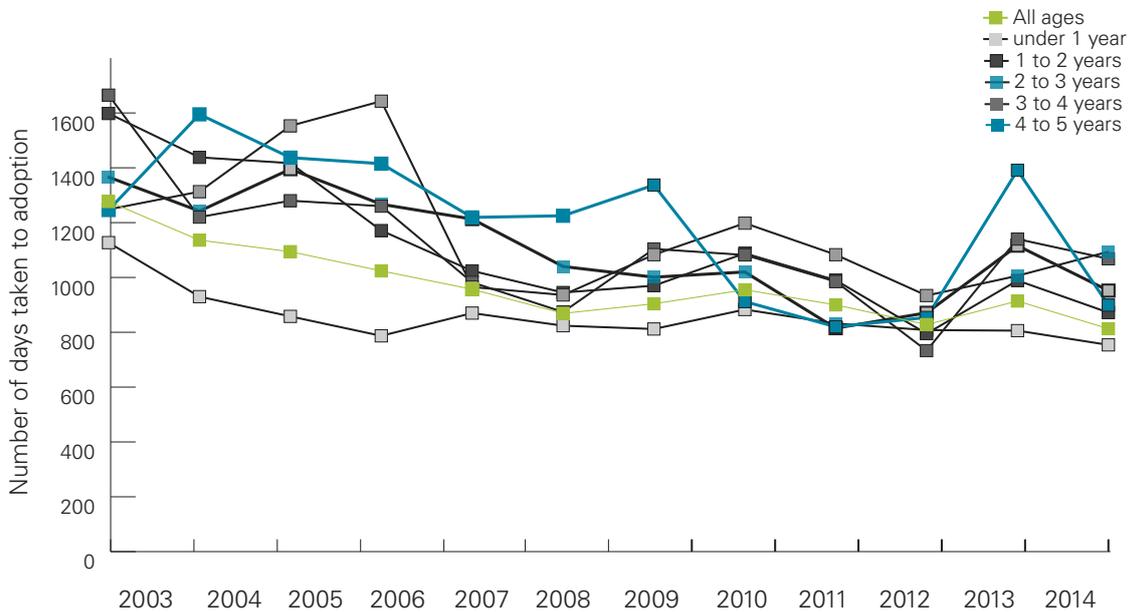
During 2013/14 we found that:

- 94% met the required standards and of the 6% that received a non-compliance notice, all improved apart from one service, which was escalated to a service of concern.
- Two of the 50 fostering agencies needed to make improvements to comply with regulations and standards. Common factors included not having qualified managers in post, slippage in foster carer reviews and no prior agreements with foster carers before the placement of a child.

- Following our work with one local authority sustained improvements in its adoption service had been made.

Diagram 16 shows local authorities’ performance on adoption of looked after children from 2003–2014. It suggests there had been an encouraging, downward trend in the time taken to achieve adoption for most age groups.

Diagram 16: Adoption of looked after children



### Inspection of the Children and Family Court Advisory Support Service in Wales (CAFCASS Cymru)

CAFCASS Cymru<sup>31</sup> has a key role in supporting children and young people who are going through care or adoption proceedings, or whose parents have separated and are unable to agree about future arrangements. It is the voice of children in the family courts and helps to ensure that children's welfare is put first during proceedings.

We are responsible for inspecting CAFCASS Cymru every three years. The inspection took place in November 2013 and we reported on our key findings. We found that CAFCASS Cymru had undergone a transformational improvement since its last inspection.

There had been a major restructure of the entire organisation to improve management and staff accountability. The quality of service the organisation provides has improved and there had also been significant improvements in the management of complaints, performance management, quality assurance and in relationships with key stakeholders.

Our recommendations were to:

- develop and implement a children's participation strategy
- manage the cultural change with family court advisers and improve their confidence in the leadership
- embed the values of the organisation with all the staff in all aspects of activity
- implement supervision contracts with clear expectations for supervisors and those supervised
- update equality and diversity training for all staff.

<sup>31</sup> Duties and role of CAFCASS Cymru are set out in Children Act 2004. Childcare Act 2006

# Chapter Six

## A closer look at adult services

This chapter takes a more in-depth look at adult services, an area that is being increasingly scrutinised. This includes a focus on care homes and plans for the future to ensure services are in place to meet the needs of an increasingly older population in Wales.

“ I believe that we need a full and independent review of these events, to understand whether there is anything else the social care sector and policy makers need to learn, and whether there is anything else we need to put in place. ”

*First Minister - address to National Assembly for Wales to support Independent review of Operation Jasmine, 2014*

### Demographics – Wales

- There are 558,115\* adults over the age 65, with around 10% receiving care that is funded by the public.
- 43,638 adults aged 65 or over are supported to live in the community.
- 11,625 adults aged 65 or over are supported to live in residential care homes.
- 28,557 adults between the ages of 18 and 64 are supported to live in the community or in residential care homes.
- In 2013/2014 local authorities reported expenditure in adult services of £1,093,719,000 (£554,098,000 for adults over 65 and £539,621,000 for adults under 65).

\* Stats Wales, 2014b

### Regulated services

In our inspection of regulated services we found many examples of good care across Wales. Our inspections showed that 86% of all adult care met the required standards. Of these we also found that 76% of the 675 care and nursing homes for older people met the requirements. Our records indicated that of the 231 services we were working with in 2013/4 to secure improvements the majority (157) had achieved compliance by October 2014.

### Operation Jasmine

Operation Jasmine was an inquiry into alleged neglect in six homes in the Gwent area. The Welsh Government commissioned an independent review to learn lessons from the case, which we welcomed.

We have undertaken extensive research to prepare a detailed analysis for the review into Operation Jasmine. We valued the opportunity to talk to two of the families of the victims in 2013, to share information with them and to hear about their experiences. We want to be open and honest about the actions taken by the regulator at the time and to explain the transformation we have undergone since then.

The events a decade ago are reminders to all of us of the devastating consequences of poor care and unscrupulous providers. It is a sharp reminder to those commissioning and regulating services of the importance of protecting older people in care, and of putting their well-being and their families at the heart of our public services. We all share in a collective responsibility to ensure the elderly are safe, have enriched lives and receive good quality care.

### Planning for the future

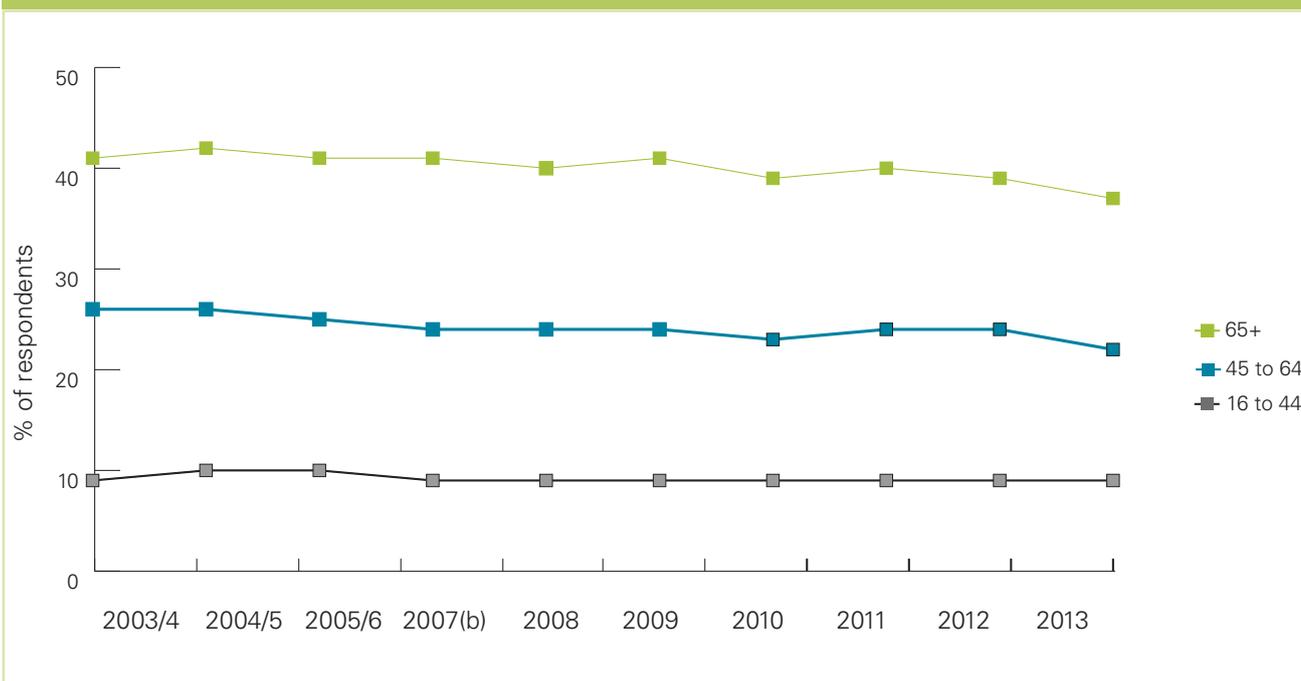
With more older people living longer and experiencing good well-being (more than 60% of adults aged 65 and over report their health as being at least 'good'), there is a need to plan

services for the future that meet the anticipated growing demand for support.

In Wales, there are now more people over 65 years old (19%) than children under 16 years old (18%), and the numbers of people aged 85 and over are set to double by 2037.

Life expectancy is anticipated to rise to the average age of 78.2 years for men and 82.2 years for females by 2025. The impact of this change on our care services, both in relation to increased needs and developing a sustainable workforce, will be profound. It requires us all to engage in long term planning, and look at new solutions and arrangements for care and support.

Diagram 17: Adults who reported fair or poor general health by age-band



The national review of commissioning<sup>32</sup> we completed in 2013/14 with Healthcare Inspectorate Wales and the Wales Audit Office looked at services for older people and those with dementia. We found nearly all local authorities had detailed plans to remodel services aligned to the Social Services and Well-being (Wales) 2014 Act and were reconfiguring services to enable people to live independently in the community.

We also saw evidence of improved access and multi-agency approaches towards greater prevention and early intervention, with more provision of re-ablement services and a reduction in the number of delayed transfers of care. However, this picture was variable across Wales and some authorities needed to make sustained improvement on a number of fronts, in particular the timeliness of care planning and reviews.

We also focussed on progress made by local authorities to transform their service to meet the actions set in Framework of Integrated Care for Older People and the Social Services and Well-being (Wales) Act 2014. Our evaluations showed that all local authorities had integrated arrangements for older people, in particular an increased prominence in re-ablement services and a greater range of well-being services.

Local authority performance measures suggested a year on year drop in the rate of older people being supported to live in care homes from 22.83 per thousand in 2008/9 to 19.84 per thousand in 2013/14. Perhaps surprisingly the drop in the rate of those supported by local authorities to live in the community has dropped even more significantly over the same period from 88.62 to 74.48. This suggests the eligibility threshold for local authority support has increased both for residential and community care. This has been the result of a strategic shift, with local authorities being encouraged to develop both preventative strategies and universal services which older people can rely upon.

These indicators may suggest success, but in our experience little work had been done to evaluate the experience of people living without local authority support. Similarly with Welsh Government and local authority cut-backs many voluntary organisations which had been encouraged to provide local services to elderly people were now having their funding cut. The impact of this needs to be understood as reductions in community based services could result in increased demands and cost pressures for community care.

Interestingly, the rate of community support for adults aged 18-64 over the same period had remained virtually unchanged and stood at the same figure as it did in 2008 (93.84 per thousand). People aged 18-64 tended to have longer term and more stable needs, whereas those aged over 65 had changing and increasing needs over time.

Over the same period, we received around 1,440 concerns about care homes. These included multiple concerns relating to same settings and highlighted the increasing vigilance and anxieties of people about the quality of care homes for our elderly. While inspection plays a key role in protecting people and contributing to improving care, "*it can't on its own improve care, it can only tell us what it is measuring*"<sup>33</sup>. Ensuring people are safe and cared for in a dignified way is everybody's business. Relatives and other members of the public make a significant contribution in reporting concerns and support us to take action to improve and safeguard the quality of life of older people in care homes.

However, the provision of quality of care in care homes remains under the spotlight. This is particularly acute in nursing care homes where providers told us they were struggling to attract quality nurses to respond to a significant increase in acuity for older people, in particular the needs of those with dementia or requiring specialist nursing care.

<sup>32</sup> CSSIW National Review of Commissioning for Social Services in Wales 2014

<sup>33</sup> Inquiry into care homes in by Joseph Rowntree Foundation, 2014. John Kennedy's care home inquiry

Almost all local authorities reported significant pressures and worrying fluctuations in the occupancy and fee levels of nursing homes. The Knight Frank Trading Performance Review on UK Care Market 2014 showed Wales had the highest occupancy rate in the UK standing at 92%, considerably above the overall UK rate. It also reported average weekly fees of £660 across the UK with Wales around the average for both nursing and care home fees. Agreeing fair rates for adult care in Wales proved challenging despite the fact that, according to Knight Frank, staff costs in Wales were lower than the UK average and recent fee increases had been higher than the UK average (see diagrams 18 to 21).

Providing a sustainable care home business requires scale and efficiencies and we saw a number of services struggle to balance the books and avoid going into administration. Many decided to leave the market or to reduce their services in Wales. Our register shows that 39 adult residential settings were deregistered

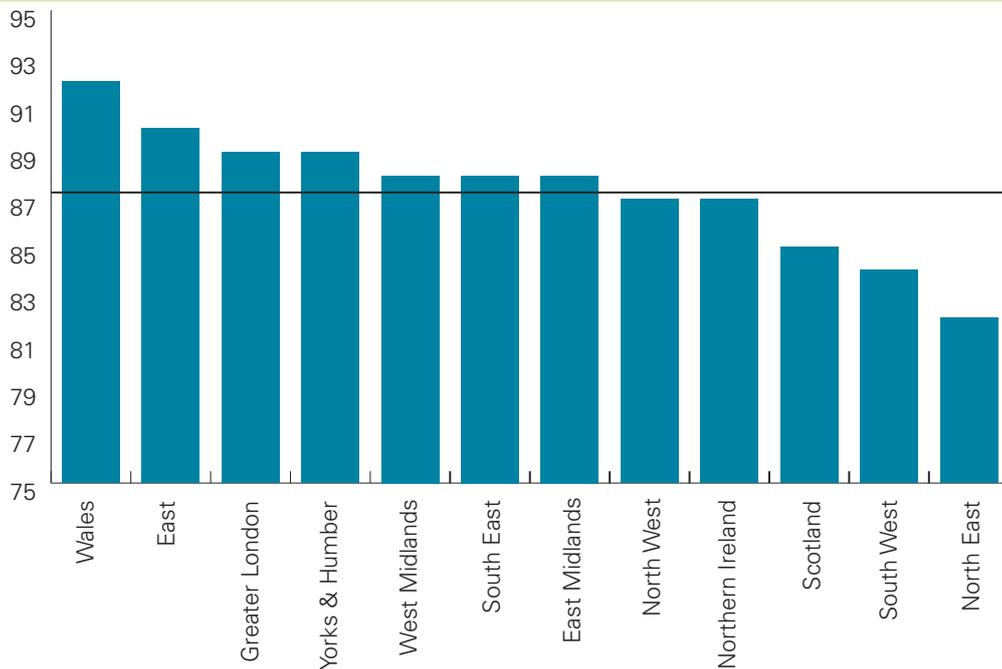
over the reporting period, 30 of which were voluntary. New models of care need to be considered for supporting people in local communities to avoid the development of larger institutions which are distant from relatives and friends. The average size of a care home for older people in Wales was 33 beds and had remained so for a number of years. Market analysts<sup>34</sup> suggest that to be viable and attract investment, a care home needs to have around 60 beds.

The number of local authorities and health boards commissioning services in Wales presented both a real challenge and increased cost to providers. Clearly a move to regional commissioning or a nationally agreed framework could improve the arrangements for sourcing care for older people. There had been some progress in the learning disabilities sector with savings made and providers having a better understanding of commissioning intentions and future demand, enabling them to plan ahead.

<sup>34</sup> Frank Knight's Trading Performance Review on UK Care Market 2014 <http://www.knightfrank.co.uk/research/reports/care-homes-trading-performance-review-2014-2365.aspx>

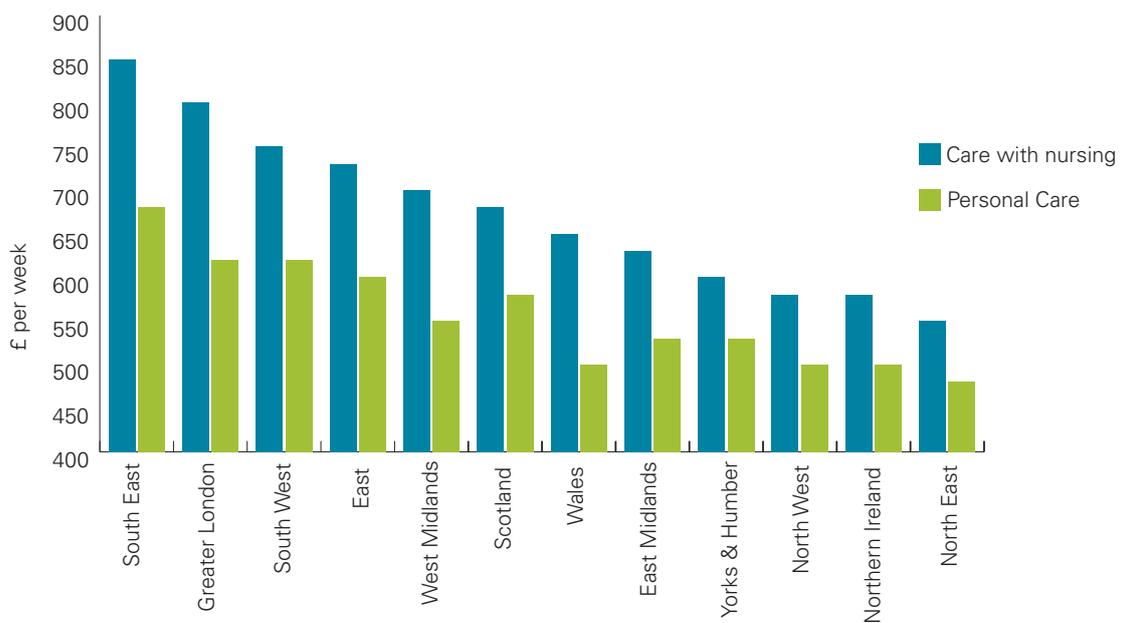


Diagram 18: Occupancy rates by region (FY 2013–14)



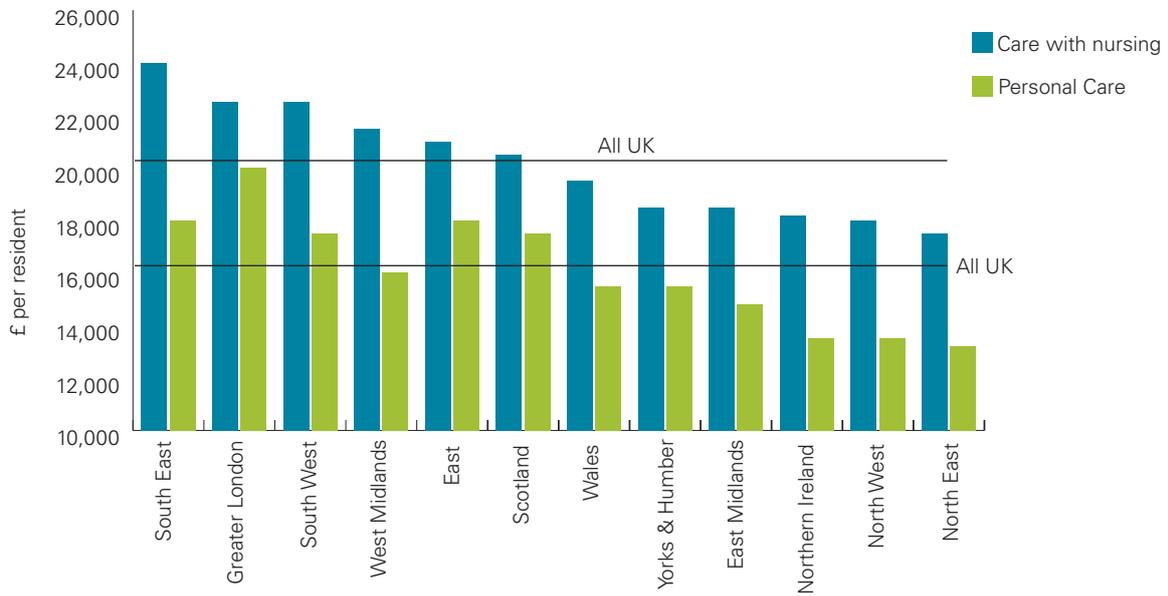
Source: Knight Frank

Diagram 19: Average weekly fees by region (FY 2013–14)



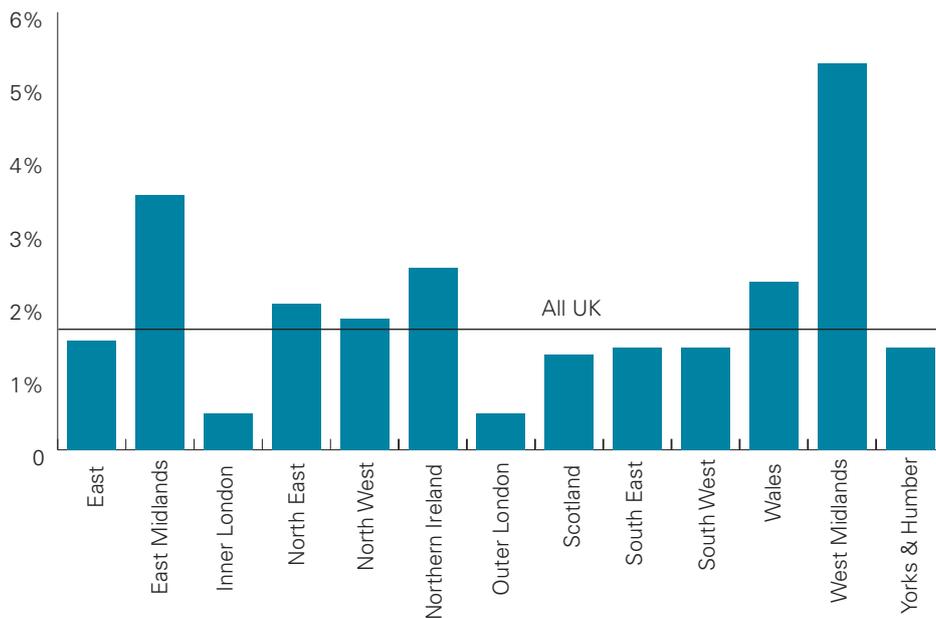
Source: Knight Frank

## Diagram 20: Staff cost per resident



Source: Knight Frank

## Diagram 21: Regional baseline fee increases (2013–14)



Source: Laing & Buisson

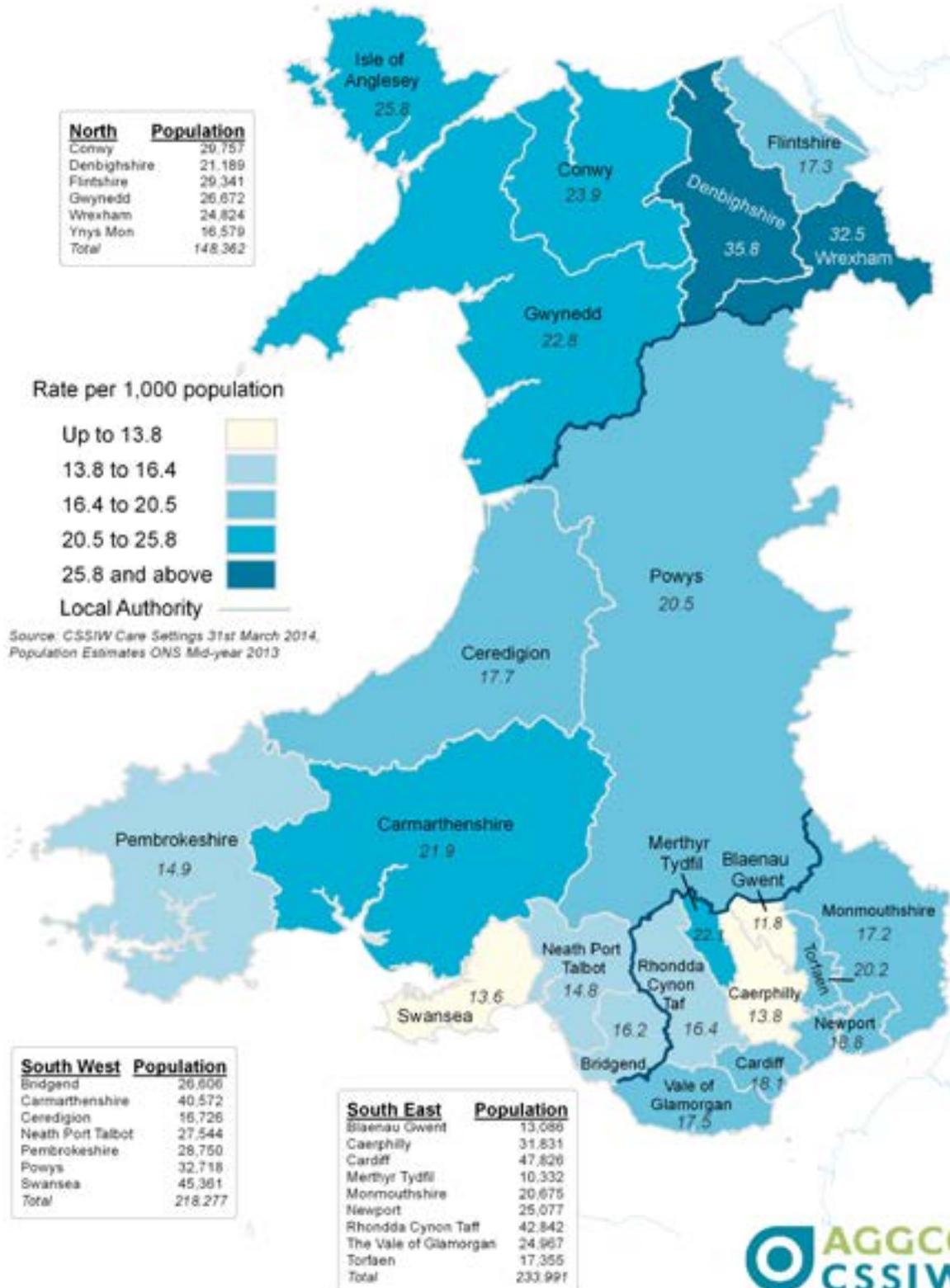
Knight Frank figures show the projected rate of growth in demand by 2025 for care and nursing homes per thousand population across areas of Wales.

What was striking was that the rate of beds per local authority varied considerably, as does the proportion of which were nursing or residential beds. Looking at the current projections for the rise in the numbers of older people, based on the current provision there won't be enough beds by 2025 (see diagrams 22 to 25).

Even accounting for cross border and privately funded placement, these patterns would tend to suggest the level of provision of older people's care homes was based on historical data and local customer practice in making placements, rather than by planning by commissioners.

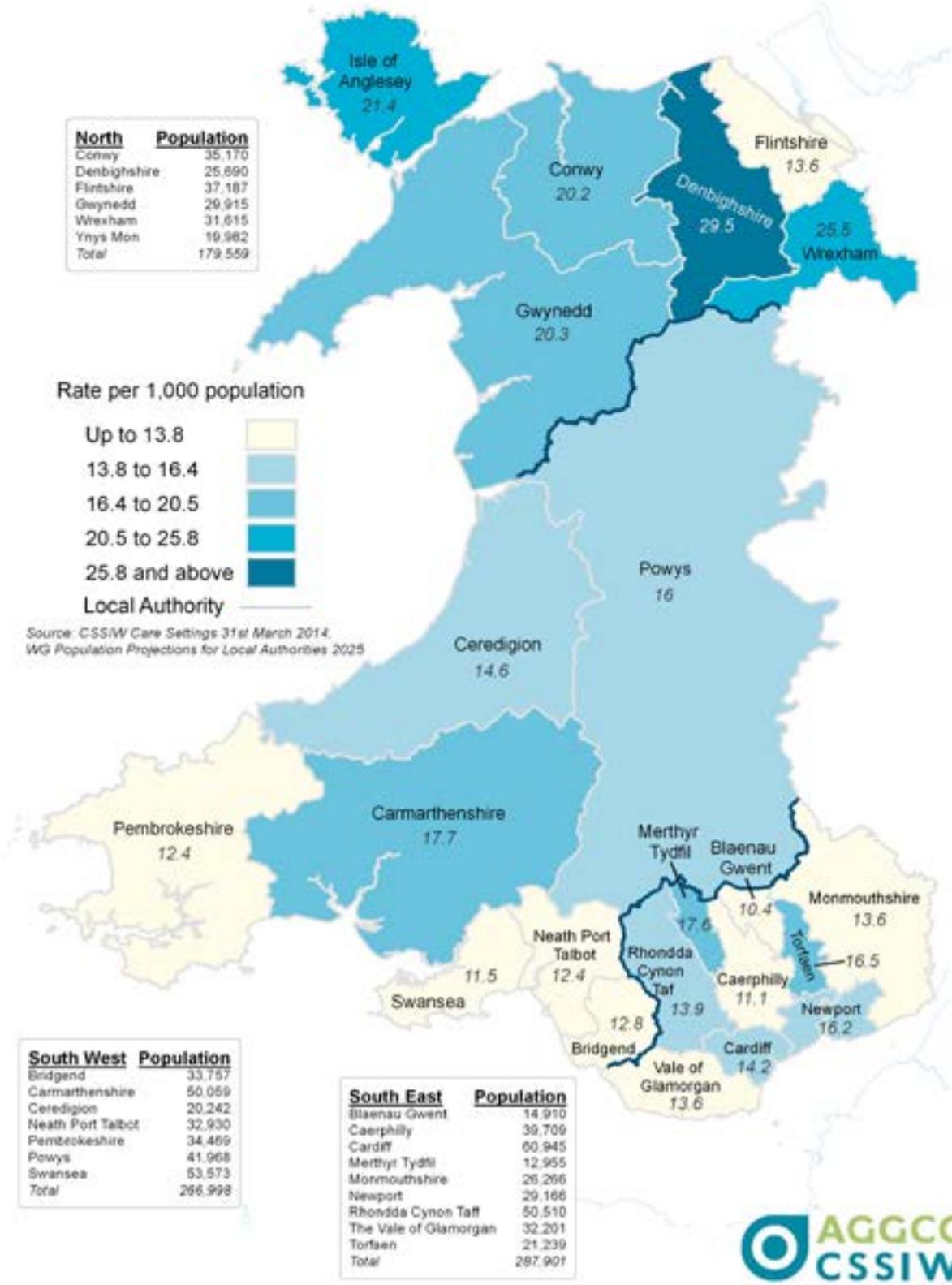


Diagram 22: The rate of care home places per 1,000 population aged 65 and over, as at 31 March 2014



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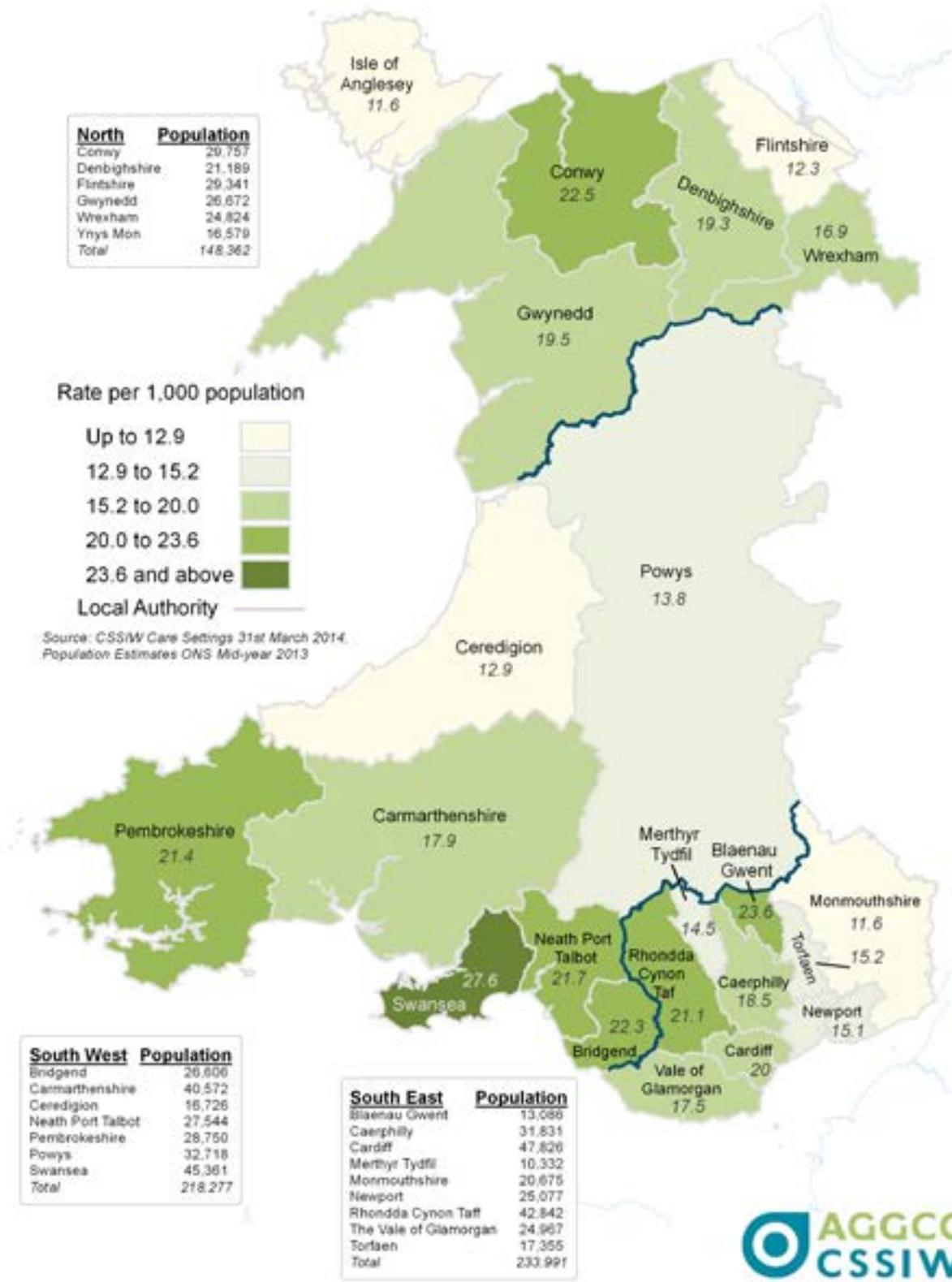
Diagram 23: The rate of care home places per 1,000 population aged 65 and over, as at 2025



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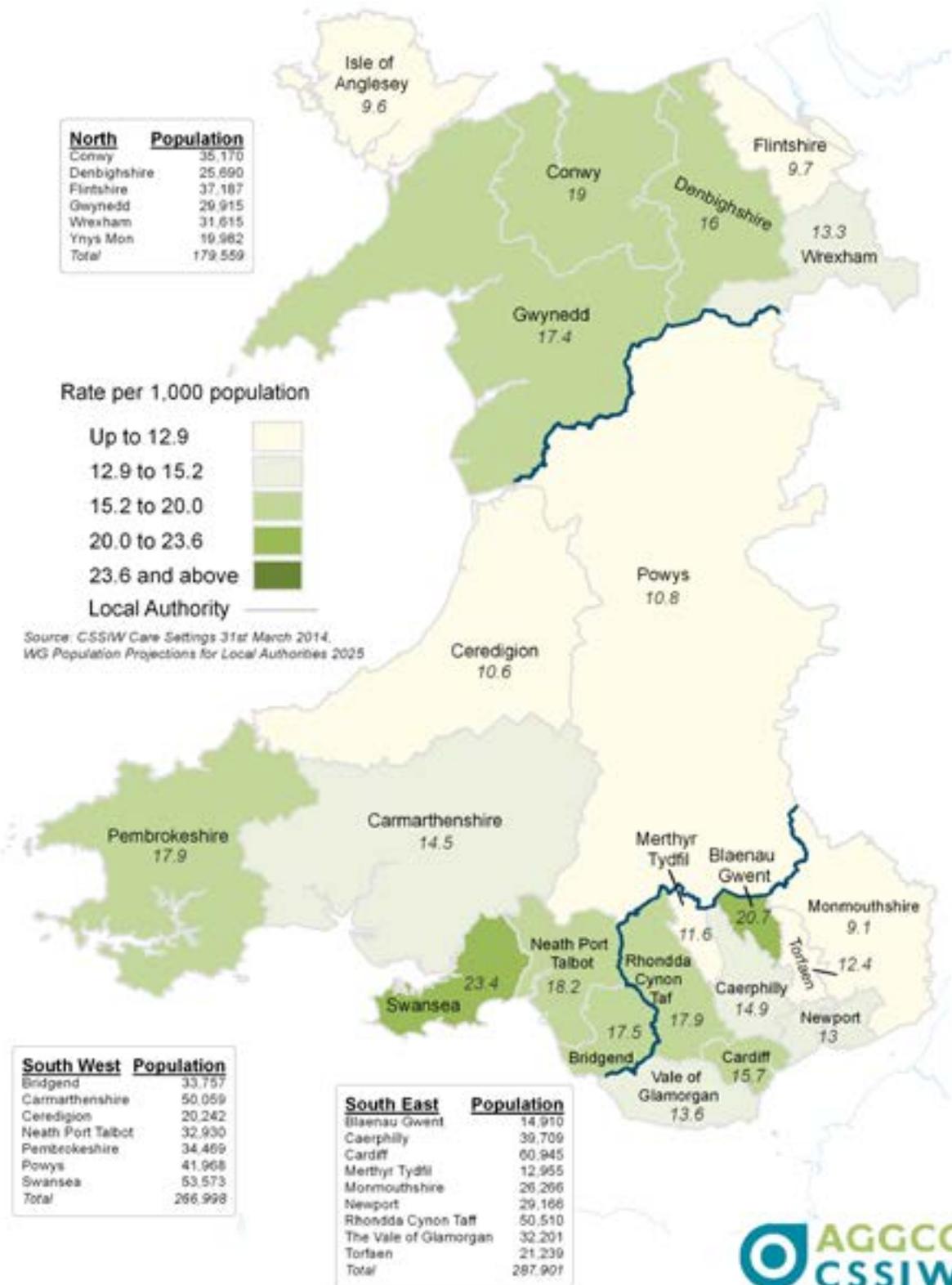
Diagram 24: The rate of nursing bed places per 1,000 population aged 65 and over, as at 31 March 2014



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Diagram 25: The rate of nursing bed places per 1,000 population aged 65 and over, as at 2025



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## National Review of Commissioning for Social Services in Wales 2014

Between July 2013 and January 2014 we reviewed how well local authorities commissioned social care in Wales.

As part of the review we also visited five local authorities to look at how well services for people with dementia and their carers were being commissioned.

We found that local authorities and health boards needed to make major changes to the way they plan and commission services for people with dementia.

Our report highlighted a number of areas for improvement for local authorities and health boards, including:

- developing current visions into firm plans for service transformation
- engaging the public effectively in the debate about service transformation for adult social care
- effectively integrate health and social care provision, and develop joint, coherent and financially robust plans for the commissioning of services for people with dementia and their carers
- including prevention and early intervention services within commissioning strategies for adult social care
- developing outcomes based commissioning strategies, with contract monitoring and reviews focusing on the quality of care and outcomes achieved for service users
- ensuring that joint commissioning plans have appropriate governance arrangements and frameworks that professionals can operate within, including effective control and mitigation of risks to service users
- implementing effective strategies that provide a wide variety of services that support carers
- evaluating the effectiveness and financial viability of new and alternative models of care for people with dementia.

### Services for younger adults (aged 18-65)

Services for younger adults had not generated the same levels of concern as older people's services. The residential market appeared to be stable (there were 457 care homes offering 3,424 placements) a situation which has remained about the same since 2008. We had a small cluster of providers each operating a number of care homes across Wales which provided long term placements. There were a significant number of people placed in Wales from across the UK who had long term placements dating back up to 20 years from the era of hospital closures. We also had a number of domiciliary care agencies (some large housing associations) providing supported living in local community homes. At the time of writing, the regulations and our database did not enable us to identify these services separately.

During 2013/14, we issued 120 non-compliance notices relating to 38 care homes, including

three nursing homes for younger adults. This represented 14% of the overall total enforcement action taken for all adult residential care. The non-compliance notices largely related to management and quality of life, and as of October 2014, there were 41 notices outstanding for 11 care homes. There were no homes for younger adults identified as services of concern over 2013/14.

### Future market shaping

The Regulation and Inspection of Social Care (Wales) Bill aims to provide a greater role for both commissioners and ourselves to provide an oversight of the social care market in Wales. We welcomed this but also believed that urgent action is required to shape and stimulate the care home market. We will be working with Welsh Government, commissioners, providers, communities and other regulators to actively explore how we can accelerate our role in market intelligence and oversight.

# Chapter Seven

## Our priorities for 2014–16

This chapter will look at our priorities and areas for development in 2014-16.

“ I think what I’d like to achieve from being on the National Advisory Board is to give a good reflection on the learning disability experience of our members, not just at People First, but people with learning disabilities generally. ”

*Joe Powell, National Advisory Board Member*

We live in a time of wide-ranging changes in social care in Wales which will impact significantly on our work. We are also part of a social care system where resources have been reduced yet demands and expectations have risen significantly.

The volume and range of demands require us to be innovative, to ensure we are efficient and effective in delivering assurance, and to prioritise our actions where we can make the most difference. As ever, we need to balance the effort and resources we put into developing new areas, with delivering on our on-going commitments and responsibilities.

### Working with public services

We will continue to be responsive and re-align our business to meet future challenges set in the Welsh Government’s reform agenda *Devolution, Democracy and Delivery* to improve public service in Wales. This aims to strengthen local democracy, governance and accountability of local services including proposal for local authority mergers<sup>35</sup>. The fast changing legal, policy and delivery landscape in Wales present both challenges and opportunities for us in our future business and delivery model, and our support to local democracy.

### Strengthening the voice of people

Having established the National Advisory Board we now need to develop its role and potential in informing our work and shaping our direction. To date the Board has considered the impact of our work in ensuring safe, quality care for people that is proportionate and practical, and that the rights, voice, experience and outcomes of people who use services is central to our work.

The Board has contributed to shaping our business plan and the design of our Quality Judgement Frameworks. It has also helped to develop a new curriculum with the Care Council for Wales that will continue the professional development of our inspectors and looked at innovative and inclusive ways of engaging and involving people in our work.

During the next two years, we will also establish three regional advisory boards so that service users and local stakeholders can be more involved in our service delivery. We are looking forward to hearing their perspective and feedback on the delivery and quality of our inspection work.

Our two pilot studies on independent visitors have already indicated the value of involving people in our inspections.

<sup>35</sup> Devolution, Democracy and Delivery White Paper - Reforming Local Government: Power to Local People

## Working with others

### Providers

Our inspectors work closely with providers and registered managers to build positive relationships and encourage open and honest dialogue. We have systems to ensure provider feedback and this enables us to monitor the quality of relationships and service that we provide.

As we move forward in developing quality frameworks including judgements, we will identify and highlight good practice, encourage providers to aspire towards high standards of care, and be open about sharing our information and analysis. We will also actively involve providers in helping us design our business for the future to reflect the new law and policy landscape on future regulation and inspection of services.

### Voluntary and community organisations

We will continue to develop our relationships with a range of voluntary and community groups who work with people using care services. We currently work with a number of national and local voluntary and community sector partners across the childcare and care sectors. Our aim is to increase our involvement with community groups and voluntary organisations so they can share information of what is working well and not so well in their areas.

### Other agencies and regulators

We have ongoing relationships and protocols with key regulators including the Care Council for Wales, Healthcare Inspectorate Wales and the Health and Safety Executive. It is important that these are sustained. We have recognised the need to clarify the principles in relation to “primacy” (who is the lead body in an investigation) particularly in relation to criminal investigations, and will be looking to strengthen and clarify our relationship with the police in relation to failures in care services.

### Public Services Ombudsman

The Public Services Ombudsman will be taking on responsibility for the investigation of complaints from self-funding people who use care services from November 2014. We will need to be able to share intelligence and complete a protocol to support collaboration.

### Responding to change and emerging policies

There are significant changes being implemented now and in the near future which will fundamentally reshape our work. In relation to any legislative changes, we will take an active role through the submission of evidence and professional advice to Welsh Government and where appropriate the relevant Committees of the Assembly. We will also be working with other stakeholders to provide independent advice on the development, impact and implementation of these policies and programmes of work.

In particular we will be concentrating on:

- the implementation of the [Social Services and Well-being \(Wales\) Act 2014](#)  
The development of the national outcomes framework and a national adoption service included in this Act are directly relevant to our work. We will be monitoring the implementation of the Act, in particular whether people will be able to access services, whether integration with health is delivering meaningful improvement and whether well-being outcomes for people are being achieved.
- the [Welsh Government’s response to the Graham Review](#) of the regulation and inspection of early years and childcare services and outcomes arising from the evaluations of the Foundation Phase and Flying Start programme. We are committed to working with Estyn to develop a new, joint inspection framework for roll out and delivery in 2016.

- the [expansion of regulation of childcare in relation to the new UK Tax-Free Childcare scheme and Universal Credit arrangements](#) will also be closely monitored. This has the potential to significantly increase the range and number of settings to be regulated, potentially those caring for children up to 12 or 16 years of age. This may require us to be in a position to respond in early 2016.
- the [Regulation and Inspection of Social Care \(Wales\) Bill](#) which could come into effect in 2017 has the potential to fundamentally change our approach to regulation. The development of regulations, codes and standards will be critical. The transitional arrangements between the different types of regulation cannot be underestimated and could present significant risks to ourselves, services and people using them.
- the [Review of Audit, Inspection and Regulation \(AIR\)](#). The consultation on Phase 1 of the Audit, Inspection and Regulation review to secure consensus on an established framework for the future of audit, inspection and regulation in Wales has concluded. The framework and core principles that the four AIR bodies (Wales Audit Office, Estyn and Healthcare Inspectorate Wales) will apply in their external scrutiny of public services are outlined in the Welsh Government *Public Services Reforms, Reforming Local Government – Power to Local People*.

### Thematic studies and reviews

We will be carrying out a number of thematic studies and reviews during the next two years including:

#### Deprivation of Liberty Safeguards (DoLS)

Ourselves and Healthcare Inspectorate Wales made a commitment to carry out a national review to examine the application

and effectiveness of DoLS practice. This was published in November 2014<sup>36</sup>.

#### Looked after children (LAC)

We completed a national programme of inspection of safeguarding and care planning of looked after children and care leavers who exhibit vulnerable or risky behaviours. Our reports for each individual authority are available on our website. The national overview report was published in January 2015<sup>37</sup>.

#### Domiciliary Care

The nature, brokerage and delivery of domiciliary care is changing with a number of local authorities re-commissioning services. We will be undertaking a national thematic review of domiciliary care in 2015.

#### Joint study of Recruitment and Retention of Registered Managers

Registered managers are crucial to the delivery of effective services and recruitment and high turnover appears to be a problem. We commissioned an independent study with the Care Council for Wales to consider workforce recruitment and retention issues in relation to registered managers. This was published in January 2015<sup>38</sup>.

#### Responding to external reviews

The Older People's Commissioner Wales review into residential care (published November 2014<sup>39</sup>) was a substantial review to which we made a significant contribution. We responded to actions required of us following the review.

#### Operation Jasmine: The Flynn Review

We made a considerable contribution to the review both in writing and by evidence to the review panel. We will consider how we apply the lessons learnt to our work.

<sup>36</sup> <http://cssiw.org.uk/our-reports/national-thematic-report/2014/review-of-the-use-of-deprivation-of-liberty-safeguards-in-wales/?lang=en>

<sup>37</sup> <http://cssiw.org.uk/our-reports/national-thematic-report/2014/safeguarding-and-care-planning-of-looked-after-children-and-care-leavers/?lang=en>

<sup>38</sup> <http://www.ccwales.org.uk/edrms/155728/>

<sup>39</sup> [http://www.olderpeoplewales.com/en/reviews/residential\\_care\\_review.aspx](http://www.olderpeoplewales.com/en/reviews/residential_care_review.aspx)

# Improving our quality, efficiency and effectiveness

## ICT system: development and implementation

Our current ICT system is out-dated, inefficient to operate and does not enable us to analyse data and trends. In the past year we have established a business case to develop a new system and are rolling out the first phase to all offices. This requires substantial support and training. In 2015, we will extend the functionality of the system to enable us to capture and analyse data and trends gathered from incoming notifications and self-assessments.

## Online services

We want to enable the public, people providing services and those applying to register services to be able to do this efficiently online. As part of this we want to revisit the self-assessment of service completed by providers, to make it more valuable with a long-term plan that could be shared with commissioners, to avoid duplication of data collection and reduce the burden on providers.

## Quality Assurance

We recognise the need to strengthen our arrangements for quality assurance across all aspects of our work and that we should work towards establishing a quality assurance framework. We will begin by focussing on the inspection of regulated services, including implementation of an assurance and audit of our reports.

## Risk tool; reviewing frequencies and work load allocation

We recognise that much of our activity is based on historical precedent and with the increased expectations ahead of us we need to consider how we might become more effective and targeted in our approach. We believe it's time for us to consider reviewing our approach to inspection frequencies and workload

allocation. To do this we need a robust approach to risk assessment. We currently use a simple, manual risk assessment tool to assess the risk of regulated services in order to target our activities. The new IT system provides an opportunity to generate risk assessment based on service trends and characteristics. We will be developing a new tool with a view to then having a broader debate about inspection frequencies.

## Driving improvement

### Quality Judgement Frameworks

As mentioned earlier in the report, during 2014/15 we will be developing and piloting a Quality Judgement Framework for registered adult care services in collaboration with providers and commissioners. Similarly, we wish to take forward a framework in relation to the inspection of local authorities. We believe such frameworks can provide a powerful incentive to improve and deliver services. They also provide a valuable mechanism to describe and monitor the quality of care within sectors.

### Learning disability services

We will undertake a review with Healthcare Inspectorate Wales of support and services to people with learning disabilities drawing on findings from Winterbourne View. We recognise that provision for people with learning disabilities is a significant part of social care provision and an area where Wales has over the years developed a range of policies and initiatives. We know that people with learning disabilities, especially those with more complex needs are particularly vulnerable. It is an area of social care where integrated working across health and social care is critical, where costs can be high and where there has been significant reshaping of provision and commissioning in recent years.

## Support for people with sensory impairments

We will be undertaking a short thematic study with Sense Cymru to consider what best practice should look like and how the barriers to supporting older people with sensory impairment may be overcome.

We also acknowledge that older people living in care homes with sensory impairment often do not always have the support and help they need to enable or help them engage with the world around them.

## Welsh Language

We will continue to improve our Welsh language services and get better information through our work on the availability of Welsh language services.

In preparation for the introduction of the Welsh Language Standards we will assess our current language skills base so that we can provide an 'active offer'.

This means we will provide Welsh language services upfront rather than waiting for people to ask for them.

It is important that people receive care and support in the language they need. *More than Just Words*<sup>40</sup> sets out the Welsh Government's vision to develop and strengthen Welsh language services in the frontline delivery of health and social care services through an active offer.

We are committed to address this ourselves, to ensure Welsh language requirements are fully mainstreamed into all our work, including our gathering of data and evidence for our thematic investigations into the delivery of social care in Welsh by local authorities and care services.

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<sup>40</sup> <http://wales.gov.uk/topics/health/publications/health/guidance/words/?lang=en>



# Annex A

## Frequency of Inspections

Service type	Frequency	Baseline inspection	Focused Inspection routine
<b>Adult Services</b>			
Care home - residential Older/ Younger	Annual	Normally once in every three years*	Normally twice in every three years
Care home – nursing Older/younger	Annual	Normally once in every three years*	Normally twice in every three years
Domiciliary care agency	Annual	Normally once in every three years*	Normally twice in every three years
Nurse agency	Annual	Each year – do not consider ‘quality of life’ theme	Each year – do not consider ‘quality of life’ theme
Adult Placement Scheme	Annual	Normally once in every three years*	Normally twice in every three years
<b>Children’s Services</b>			
Children’s residential home	Annually	Normally once in every three years*	Normally twice in every three years
Adoption agency	3 Years	Normally once every three years*	None
Fostering agencies	Annually	Normally once in every three years*	Normally twice in every three years
Residential Family centre	Annually	Normally once in every three years*	Normally twice in every three years
Boarding Schools	3 Years	Normally once every three years*	None
Further Education Colleges	3 Years	Normally once every three years*	None
Residential Special Schools	Annually	Normally once in every three years*	Normally twice in every three years

Service type	Frequency	Baseline inspection	Focused Inspection routine
Childcare			
Childminder	2 Years	Normally once in every four years*	Normally once in every four years
Crèche	2 Years	Normally once in every four years*	Normally once in every four years
Day care	Annually	Normally once in every two years*	Normally once in every two years
Sessional day care	2 Years	Normally once in every four years*	Normally once in every four years
Out of School Care	2 Years	Normally once in every four years*	Normally once in every four years
Open Access Play Provision	2 Years	Normally once in every four years*	Normally once in every four years



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