



City and County of Swansea

Notice of Meeting

You are invited to attend a Meeting of the

Scrutiny Performance Panel – Child & Family Services

At: Remotely via Microsoft Teams
On: Wednesday, 11 August 2021
Time: 4.00 pm
Convenor: Councillor Paxton Hood-Williams

Membership:

Councillors: C Anderson, A M Day, M Durke, K M Griffiths, Y V Jardine, S M Jones, E T Kirchner, W G Lewis and D W W Thomas

Agenda		Page No.
1	Apologies for Absence	
2	Disclosure of Personal and Prejudicial Interests. www.swansea.gov.uk/disclosuresofinterests	
3	Prohibition of Whipped Votes and Declaration of Party Whips	
4	Minutes of Previous Meeting(s) To receive the minutes of the previous meeting(s) and agree as an accurate record.	1 - 7
5	Public Question Time Questions must be submitted in writing, no later than noon on the working day prior to the meeting. Questions must relate to items on the agenda. Questions will be dealt with in a 10-minute period.	
6	Performance Monitoring <i>Dave Howes, Director of Social Services</i>	8 - 21
7	Verbal Update - Care Inspectorate Wales (CIW) Assurance Visit Full Report <i>Invited to attend:</i> <i>Elliott King, Cabinet Member - Children's Services</i> <i>Dave Howes, Director of Social Services</i>	
8	Outcome from Ty Nant Care Inspectorate Wales (CIW) Inspection <i>Invited to attend:</i>	22 - 52

Elliott King, Cabinet Member - Children's Services
Dave Howes, Director of Social Services

9 Work Programme Timetable 2021-22

53 - 54

Next Meeting: Tuesday, 21 September 2021 at 4.00 pm

Huw Evans

Huw Evans
Head of Democratic Services
Wednesday, 4 August 2021

Contact: Liz Jordan 01792 637314

Agenda Item 4



City and County of Swansea

Minutes of the **Scrutiny Performance Panel – Child & Family Services**

Remotely via Microsoft Teams

Tuesday, 22 June 2021 at 4.00 pm

Present: Councillor P R Hood-Williams (Chair) Presided

Councillor(s)

C Anderson
K M Griffiths
D W W Thomas

Councillor(s)

A M Day
Y V Jardine
E T Kirchner

Councillor(s)

M Durke
S M Jones
W G Lewis

Other Attendees

Elliott King Cabinet Member - Children Services

Officer(s)

Julie Davies Head of Child & Family Services
Liz Jordan Scrutiny Officer
Nichola Rogers Regional Adoption Manager, Western Bay Adoption Service

Apologies for Absence

Officer(s): David Howes

1 Disclosure of Personal and Prejudicial Interests

No disclosures of interest were made.

2 Prohibition of Whipped Votes and Declaration of Party Whips

No declarations were made.

3 Minutes of Previous Meeting(s)

The Panel agreed the minutes of the meeting on 25 May 2021 as an accurate record of the meeting.

4 Public Question Time

No questions were submitted.

5 Update on Regional Adoption Service

Nichola Rogers, Regional Adoption Manager for Western Bay Adoption Service attended to update the Panel on the work of the service and review of its performance in 2020-21.

Discussion Points:

- 2020 was a difficult year for the service. It adopted a business as usual approach via virtual means and the service was able to maintain performance despite the pandemic.
- There was a reduction in the number of children being referred for placement in Swansea in 2020-21.
- The service has four key priorities in 2021-22.
- Panel queried how many children are currently available for adoption in Swansea. How many adoptive parents are in place and if children waiting for adoption are in foster care. Informed the service is currently matching for four children. At the end of April 2021 there were 15 sets of adoptive parents in place and at the moment there are some adopters waiting but this changes from month to month. If no adopters are available, the service will go back and consider if long term fostering is the right plan. It is an improving position.
- Panel felt the figures in the report showed lots of stability. Officers confirmed that Western Bay is currently well placed for placements. The service does not just rely on local adopters; they have a wider pool.
- The impact of the pandemic on numbers is currently unknown as it may take time to come through the system. The service is monitoring this.
- Panel mentioned an article that said we are too quick to put children up for adoption (not necessarily in Swansea). Officers confirmed the three authorities have looked at safe LAC reduction and good practice. In Swansea, there was a reduction in the number of children having a placement order in the last year.
- Panel queried why some children from Swansea had been placed in England. Informed for some children, in larger sibling groups, some with additional needs, there were no adopters locally. The complexity of children coming through the system does not match the number of adopters available who will take on these children.
- Panel noted no disruptions were recorded last year and queried if the service is satisfied that there are no problems occurring where there needs to be disruption. Officers confirmed there were some matches that did not proceed, but no disruptions once a child was placed.
- Panel wanted to know if the Life Journey work has improved. Informed a Life Journey Worker was appointed to help improve Life Journey work and there has been improvement.
- Panel feels it is a very positive report, the best they have seen for some time and thanked Nichola and the staff for all their hard work.

6 Initial feedback from Care Inspectorate Wales (CIW) Assurance Visit

Julie Davies, Head of Child and Family Services provided initial feedback on the CIW Assurance visit in relation to Child and Family Services.

The visit took place virtually in the week commencing 07 June 2021.

Discussion Points:

- The visit focussed on two things:
 1. How well the LA discharges its statutory duties
 2. How well the LA prevents the need for children to come into care
- There were four priority areas – People-voice and control; Prevention; Well Being; Partnerships.
- CIW chose five cases, selected randomly, to look at.
- Head of Service believes CIW felt assured that the LA knows its service well and that nothing needed escalating.
- Panel felt one of the positives in the initial feedback is the high profile of managers. Historically this was not the case.
- Panel felt there was very little criticism for what the LA has been doing and that the initial feedback was very good. Panel looks forward to seeing detailed report at the next Panel meeting in August.

7 Panel Review of the Year 2020-21 and draft Work Programme 2021-22

The Convener stated it had been a difficult year for scrutiny as it had been a difficult year for Social Services management and staff. Not as many panel meetings were held last year and three of the meetings were joint Adult Services and Child and Family Services Panel meetings, to receive updates on dealing with the pandemic.

Discussion Points:

- The Panel felt that the last year had shown us that a good way forward is for topics of relevance to both Panels to go to one Panel, with members of the other Panel invited to attend, rather than the item going to both panels. This reduces the strain on officer's time.
- Panel raised the issue of children's homes in Swansea going through planning. Cabinet Member confirmed that members of the Planning Committee are in a difficult position as it is a planning issue and they cannot take into account the opinions of the Social Services directorate.
- In terms of the draft work programme for 2021-22 the Panel mentioned the importance of looking at when cases get closed in the performance report, and requested to see some practical examples. Head of Service suggested the Panel see videos on 'Appreciative Inquiry' from time to time at panel meetings. Panel agreed the HOS should seek consent to show a video to the Panel and agree a suitable panel meeting date in the near future.

Actions:

- Video on 'Appreciative Inquiry' to be added to work programme.

The meeting ended at 5.05 pm.



To:
**Councillor Elliott King, Cabinet Member for
Children Services**

BY EMAIL

Please ask for: Scrutiny
Gofynnwch am:
Scrutiny Office 01792 637314
Line:
Llinell
Uniongyrchol:
e-Mail scrutiny@swansea.gov.uk
e-Bost:

Date 01 July 2021
Dyddiad:

CC Cabinet Members

Summary: This is a letter from the Child & Family Services Scrutiny Performance Panel to the Cabinet Member for Children Services following the meeting of the Panel on 22 June 2021. It covers Regional Adoption Service, CIW Assurance Visit and Review of the Year.

Dear Cllr King,

The Panel met on 22 June 2021 to receive an update on progress with the Western Bay Regional Adoption Service, Initial Feedback on the Care Inspectorate Wales (CIW) Assurance Visit and the Panel's Review of the Year 2020-21 and draft Work Programme 2021-22.

We would like to thank you, Julie Davies and Nichola Rogers for attending to present these items and answer the Panel's questions. We appreciate your engagement and input.

We are writing to you to reflect on what we learnt from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response. The main issues discussed are summarised below:

Update on Regional Adoption Service

Nichola Rogers, Regional Adoption Manager for Western Bay Adoption Service attended to update the Panel on the work of the service and review of its performance in 2020-21.

OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU
SWANSEA COUNCIL / CYNGOR ABERTAWE
GUILDHALL, SWANSEA, SA1 4PE / NEUADD Y DDINAS, ABERTAWE, SA1 4PE
www.swansea.gov.uk / www.abertawe.gov.uk

We heard that 2020 was a difficult year for the service. It adopted a business as usual approach via virtual means and the service was able to maintain performance despite the pandemic. We were very pleased to hear this.

We noted that there was a reduction in the number of children being referred for placement in Swansea in 2020-21.

We queried how many children are currently available for adoption in Swansea. How many adoptive parents are in place and if children waiting for adoption are in foster care. We were informed that the service is currently matching for four children; at the end of April 2021 there were 15 sets of adoptive parents in place and at the moment there are some adopters waiting but this changes from month to month. We heard that if no adopters are available, the service will go back and consider if long term fostering is the right plan. We also heard that it is an improving position.

We felt that the figures in the report showed lots of stability. We were previously concerned that the number of children was increasing and there was a need to increase the number of adopters but this seems to have changed around. Officers confirmed that Western Bay is currently well placed for placements and that the service does not just rely on local adopters; they have a wider pool.

We noted that the impact of the pandemic on numbers is currently unknown as it may take time to come through the system and that the service is monitoring this.

We mentioned an article that said we are too quick to put children up for adoption (not necessarily in Swansea). Officers confirmed that the three authorities have looked at safe LAC reduction and good practice, and that in Swansea, there was a reduction in the number of children having a placement order in the last year.

We queried why some children from Swansea had been placed in England. We were informed that for some children, in larger sibling groups, and some with additional needs, there were no adopters locally. The service used the adoption register to identify placements further afield in these cases. We heard that the complexity of children coming through the system does not match the number of adopters available who will take on these children and that marketing is currently doing a piece of work to try and increase these adopters.

We noted that no disruptions were recorded last year, and queried if the service is satisfied that there are no problems occurring, where there needs to be disruption. Officers confirmed there were some matches that did not proceed, but no disruptions once a child was placed.

We wanted to know if the Life Journey work has improved and were informed that a Life Journey Worker was appointed, to help improve Life Journey work, and that there has been improvement.

We felt it was a very positive report, the best we have seen for some time and thanked Nichola and the staff for all their hard work.

Initial Feedback on CIW Assurance Visit

Julie Davies, Head of Child and Family Services provided initial feedback on the CIW Assurance visit in relation to Child and Family Services and informed us that the visit took place virtually in the week commencing 07 June 2021.

We heard that the visit focussed on two things – 1/ How well the LA discharges its statutory duties, and 2/ How well the LA prevents the need for children to come into care. We also heard that there were four priority areas – People-voice and control; Prevention; Well Being; Partnerships.

We noted that CIW chose five cases, selected randomly, to look at.

Julie told us she believes CIW felt assured that the LA knows its service well and that nothing needed escalating.

We felt one of the positives in the initial feedback is the high profile of managers. Historically this was not the case.

We felt there was very little criticism of what the LA has been doing and that the initial feedback was very good. We look forward to seeing the detailed report at the next Panel meeting in August.

Review of the Year 2020-21 and Draft Work Programme 2021-22

The Convener stated it had been a difficult year for scrutiny as it had been a difficult year for Social Services management and staff. Not as many panel meetings were held last year and three of the meetings were joint Adult Services and Child and Family Services Panel meetings, to receive updates on dealing with the pandemic.

We felt that the last year had shown us that a good way forward is for topics of relevance to both Panels to go to one Panel, with members of the other Panel invited to attend, rather than the item going to both Panels. This reduces the strain on officer's time.

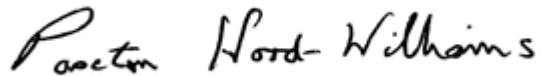
We raised the issue of children's homes in Swansea going through planning. You confirmed that members of the Planning Committee are in a difficult position as it is a planning issue and they cannot take into account the opinions of the Social Services directorate. You stated that the Department had been helpful in trying to bring together members and providers to try and alleviate concerns of residents in the area. We noted that the issue has been raised with the Minister, as you feel it needs to be an all Wales approach.

In terms of the draft work programme for 2021-22, we mentioned the importance of looking at when cases get closed in the performance report, and requested to see some practical examples. The Head of Service suggested the Panel see videos on 'Appreciative Inquiry' from time to time at panel meetings. We agreed the Head of Service should seek consent to show a video to the Panel and agree a suitable panel meeting date in the near future.

Your Response

We hope you find this letter useful and informative. We would welcome your views and comments on any of the issues raised, but in this instance, we do not require a formal written response.

Yours sincerely

A handwritten signature in black ink that reads "Paxton Hood-Williams". The signature is written in a cursive style with a large initial 'P'.

PAXTON HOOD-WILLIAMS
CONVENER, CHILD & FAMILY SERVICES SCRUTINY PANEL
CLLR.PAXTON.HOOD-WILLIAMS@SWANSEA.GOV.UK

Agenda Item 6



Report of the Cabinet Member for Children's Services Child and Family Services Scrutiny Performance Panel – 11 August 2021

PERFORMANCE MONITORING

Purpose	To present the Child and Family Services monthly performance report for June 2021.
Content	This report includes performance against Welsh Government, Care Inspectorate Wales and local indicators. The information covers a child and family's contact from the front door (the Integrated Information, Advice and Assistance Service), the Supported Care Planning and Looked After Children's teams as well as Bays+, and the Youth Justice Service.
Councillors are being asked to	Consider the report as part of their routine review of performance in Child and Family Services.
Lead Councillor(s)	Cllr Elliott King, Cabinet Member for Children's Services
Lead Officer(s)	David Howes, Director of Social Services Julie Davies, Head of Child and Family Services
Report Author	Julie Davies, Head of Child and Family Services 01792 633812 Julie.davies10@swansea.gov.uk

CHILD & FAMILY SERVICES

Monthly Well-being Report

June 2021

Page 9



Our Headlines this month

What is working well?

- We are continuing to see a regular decrease of children who are looked after with the lowest amount we have seen in at least 12 months.
- The number of children placed on the register has decreased over June.
- We have continued to see regular case closures in both SCP and Early Help.
- We are now able to report on how many single assessments have involved direct work taking place, with 73% reporting they have undertaken direct work.
- There has been an increase in capacity in the Early Help Hubs as a result of staff returning from leave and 5 new starters. This has meant more families have been able to receive preventative support from the Early Help Hubs.

What are we worried about?

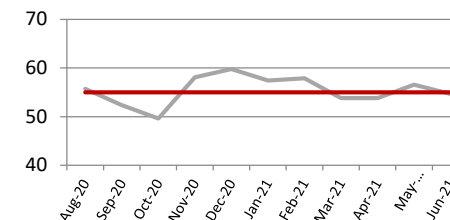
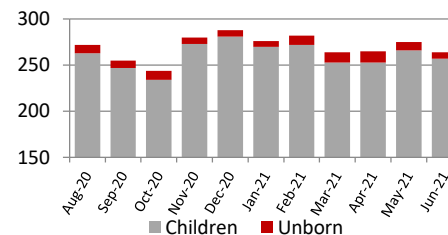
- There has been an increase of referrals passed over to the Integrated Safeguarding Hub and to Supported Care Planning during June. We may see a similar occurrence in July as we approach the start of the school holidays.
- We are now able to report on single assessments in SCP however, as compared to previous reporting, these are in relation to all assessments not just referral triggered. We are however having difficulties connecting reporting across 2 systems (WCCIS AND Paris).
- There are a high number of single assessments overdue, however teams have fed back that they have struggled without having reporting to assist with this.
- 20 ISDs resulted in no further CP action as well as 24 S.47s that resulted in no further CP action raises the question if the threshold for CP involvement was met.
- 12 children were removed from the child protection register at their first review (6 families – 1 family of 2 children were transfer in conference – not first review).
- Child protection statutory visits are at 69% completed in timescales, however we are aware that staff continue to struggle to adapt to recording on the new system.

What we need to do?

- Learning and Improvement Team (LIT) supporting the teams with reports for assessments, to support staff with completion dates.
- Weekly safeguarding meeting to explore ISD/S.47 with no further CP action and cases de-registered at first review.
- LIT continue to work with WCCIS and managers to confirm correct process for data input into the system, with the hope that this will improve performance in July.
- LIT will be supporting the teams to undertake regular auditing to provide further qualitative data in addition to quantitative. SCP recently undertook audits leading up to the assurance visit and will continue to take this forward on a monthly basis.

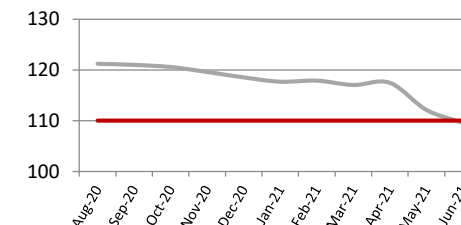
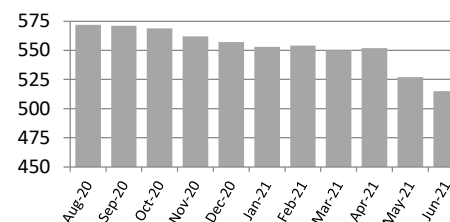
Child Protection

There are **257** (266) children on the child protection register, plus **7** (9) to be registered at birth. This is a **decrease of 11** giving us a rate of **55 Per 10,000**.



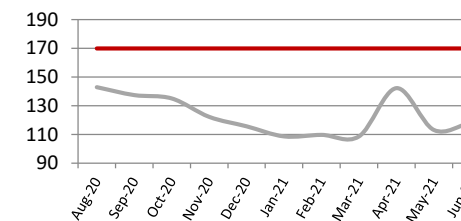
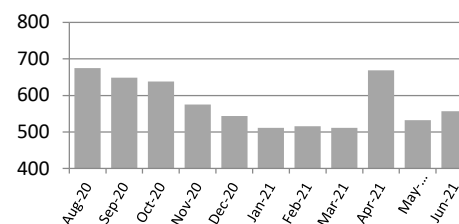
Looked After Children

There are **515** (527) children looked after. This is a **decrease of 12** from last month giving us a rate of **110 Per 10,000**.



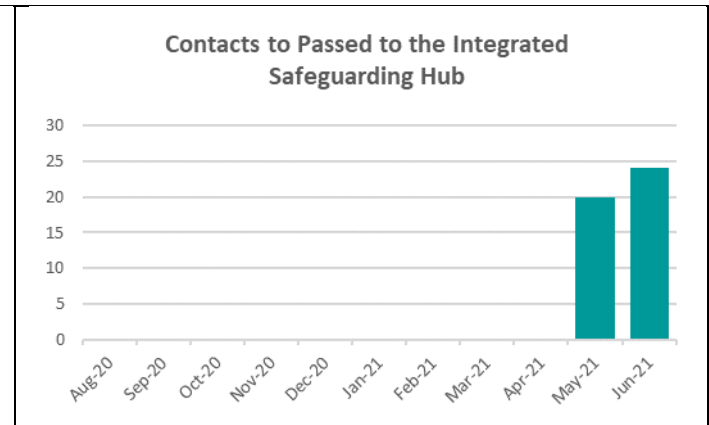
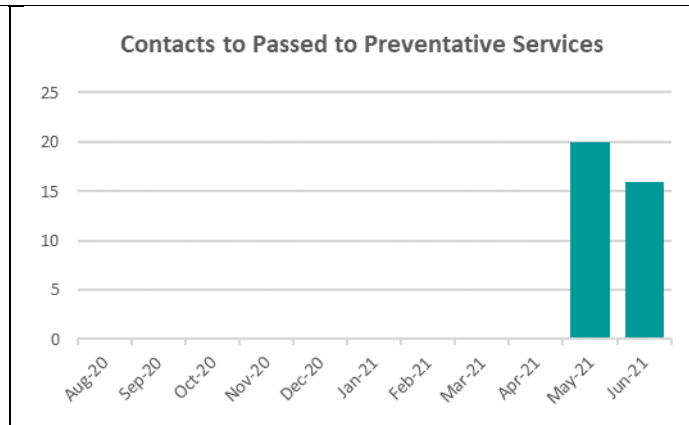
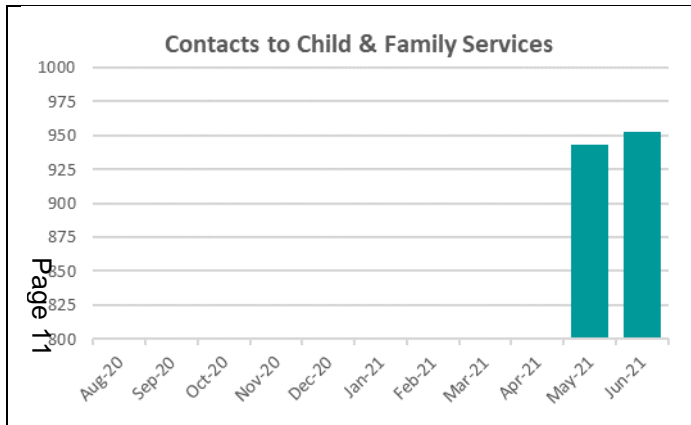
Children in Need of Care and Support

There are **557** (532) children in need of care and support. This is an **increase of 25** from last month giving us a rate of **119 Per 10,000**.



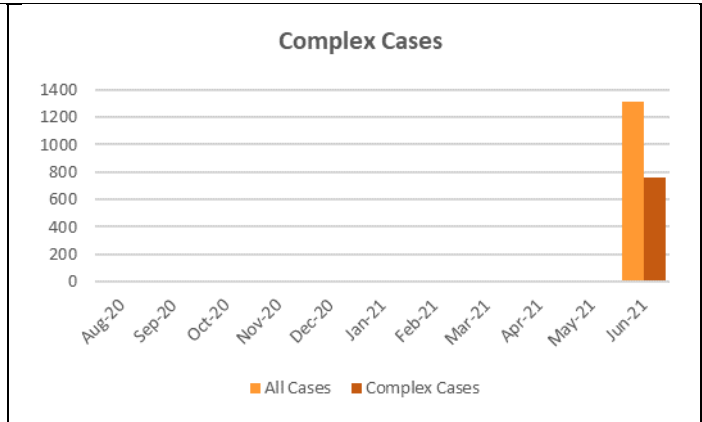
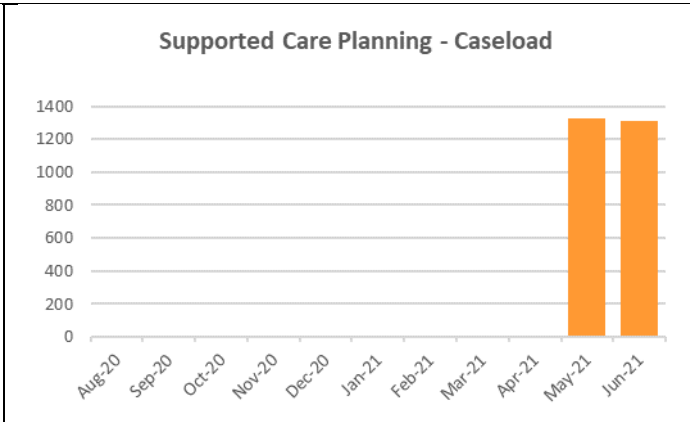
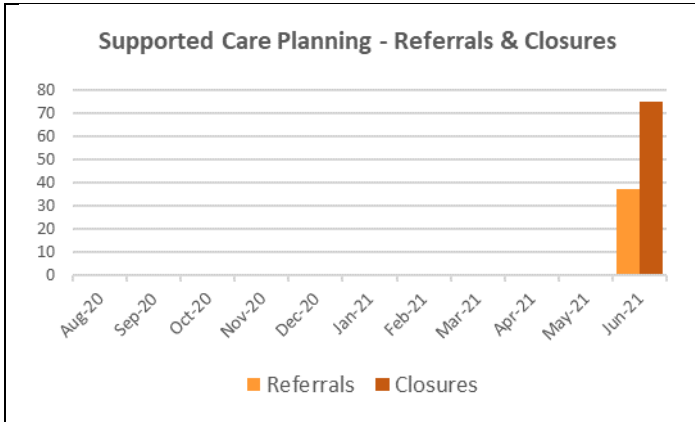
Contacts to Child & Family Services (under 18's)

The total number of contacts received by Child and Family Services: (Inc. Early Help and the Domestic Abuse Hub)	953 (943)	
The number of contacts that were passed from IAA to preventative services : (Inc. Early Help, the Family Wellbeing Team and the Domestic Abuse Hub)	16 (20)	
The number of contacts that were passed from IAA to the Integrated Safeguarding Hub :	24 (20)	



Referrals, Caseload & Closures

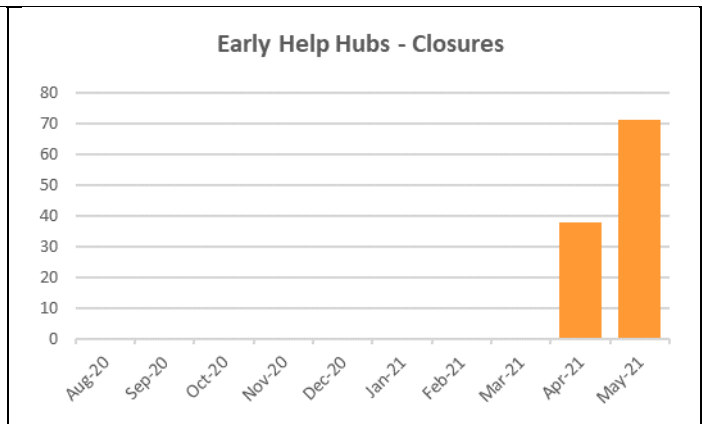
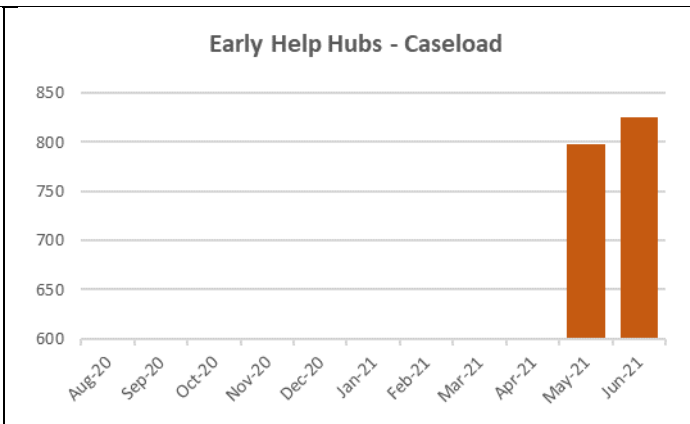
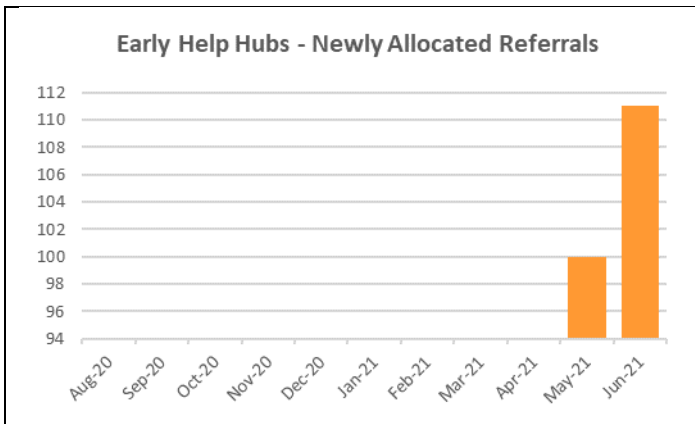
Supported Care Planning		
The number of contacts that were passed on for formal assessment :	37 (32)	* There are 143 cases in Bays Plus which are yet to be assigned a key worker on WCCIS due to an issue with migration – this is the majority of referrals 'awaiting allocation'.
The number of referrals awaiting allocation (<i>referral status 'contact received' or 'assigned to team'</i>): (data captured 9 July)	146* (NA)	
The number of cases closed to Child and Family Services during the month:	75 (NA)	
The number of cases supported by Child and Family Services: (data captured 9 July)	1320 (1329)	
Of these, the percentage that represent complex cases (CP & LAC):	58% (NA)	



Early Help Hubs (Inc. Family Wellbeing Team)

The number of contacts awaiting decision: (data captured 9 July)	60 (50)
The number of newly allocated referrals:	111 (100)
The number of cases closed to Early Help Hubs during the month:	71 (38)
The number of cases supported by Early Help Hubs: (data captured 9 July)	825 (798)

- TCO staffing has impacted on case allocation on the system – increasing those ‘awaiting decision’. Cases however have continued to be allocated via email.
- There has also been an increase in closures as would be expected around this time due to group closures leading up to the school holidays.



COVID - Isolation

Supported Care Planning		
The number of Children with suspected or diagnosed COVID:	1 (1)	<ul style="list-style-type: none"> The RAG status report has not been validated at present and currently only captures 'risks' recorded for cases in Supported Care Planning, and not the Early Help Hubs. The report indicates that 'risks' are not being reviewed regularly, with some alerts not being closed down.
The number of Children in isolation due to suspected or diagnosed COVID in the household:	22 (18)	
The number of Children in isolation due to school isolation:	NA	

Assessments

Supported Care Planning – Single Assessment		
The number of Single Assessments due (Inc. referral & non-referral triggers): (data captured 9 July)	218* (NA)	* Figure only includes Single Assessments triggered on WCCIS
The number of Single Assessments that are overdue : (data captured 9 July)	98, 45% (NA)	
The number of Single Assessments Carried out during the month: (data captured 9 July)	28 (NA)	
The number of Single Assessments carried out within timescales :	Report to be developed	
The average number of days (over 42) to complete a Single Assessment:	Report to be developed	
The number of Single Assessments completed which indicate direct work has been undertaken: (5 & Over only)	11, 73% (NA)	

Early Help Hubs – Wellbeing Assessments		
The number of Wellbeing Assessments Carried out during the month: (data captured 13 July)	15 (NA)	

Plans & Reviews

Supported Care Planning – Care and Support Plans

The number of cases with a Care & Support Plan:	541* , 47% (344, 26%)	*Number includes young people over 18 being supported by Bays Plus.
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Early Help Hubs – Family Plans & Reviews

The number of cases with a Family Plan / Review:	41 (X)	
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PLO & Legal Proceedings

PLO		
The number of children in PLO:	43 (NA)	Outcomes from PLO and Court to be included in future reports.
The number of children in PLO for less than 13 weeks:	26 (NA)	
The number of children in PLO for more than 13 weeks:	17 (NA)	
Of those in PLO, the number of children in PLO for more than 24 weeks :	3 (NA)	
Of those in PLO, the number of children in PLO for more than 52 weeks :	5 (NA)	

Public Proceedings

The number of children in Public Proceedings:	55 (NA)	
The number of children that have entered Public Proceedings during the month:	4 (NA)	

Child Protection Investigations

Strategy Discussions & Meetings			
	Total	Integrated Safeguarding Hub	Supported Care Planning
Total number of Strategy Discussions / Meetings held during the month:	105 (132)	52 (NA)	53 (NA)
The number of Strategy Discussions / Meetings which require a further discussion:	33 (49)	13 (NA)	20 (NA)
The number of Strategy Discussions / Meetings which initiated a Section 47 enquiry:	43 (43)	27 (NA)	16 (NA)
The number of Strategy Discussions / Meetings which require a Care & Wellbeing Assessment:	3 (2)	3 (NA)	0 (NA)
The number of Strategy Discussions / Meetings where there is no further CP action:	20 (31)	9 (NA)	11 (NA)
The number of Strategy Discussions / Meetings where there is no outcome recorded:	6 (7)	0 (NA)	6 (NA)

Section 47 Enquires			
	Total	Integrated Safeguarding Hub	Supported Care Planning
Total number of Section 47 enquires started during the month:	48 (39)	26 (NA)	22 (NA)
The number of Section 47 enquires which require an Initial Child Protection Conference:	14 (25)	7 (NA)	7 (NA)
The number of Section 47 enquires where the child will continue to be monitored under a Child Protection or Protocol Plan:	3 (7)	0 (NA)	3 (NA)
The number of Section 47 enquires where there is no further CP action or continue with Single Assessment:	23 (4)	17 (NA)	6 (NA)
The number of Section 47 enquires where there is no outcome recorded:	8 (3)	2 (NA)	6 (NA)

Initial & Review Conferences			
The number of Initial Conferences held in timescales during the month:		<ul style="list-style-type: none"> • Reports require further development following validation 	
The number of Review Conferences held on time during the month:			

Child Protection

Child Protection Register

The number of children on the Child Protection Register at the end of the month:	257 (266)	
The percentage of children on the Child Protection Register that have been registered previously:	73, 28% (NA)	
The number of children added to the Child Protection Register:	22 (21)	
The number of children added to the Child Protection Register, who have been registered previously - within 12 months of the previous registration:	4 (NA)	
The number of children removed from the Child Protection Register:	31 (12)	
The number of children removed from the Child Protection Register at their first review:	12, 39% (NA)	
The length of time on the Child Protection Register for those children removed during the month:	246 Days (NA)	

Initial Core Groups

The number of Initial Core Groups Due:		<ul style="list-style-type: none"> Report requires further development / validation due to an issue identified by SCP Team.
The number of Initial Core Groups held within timescales:		

Statutory Visits

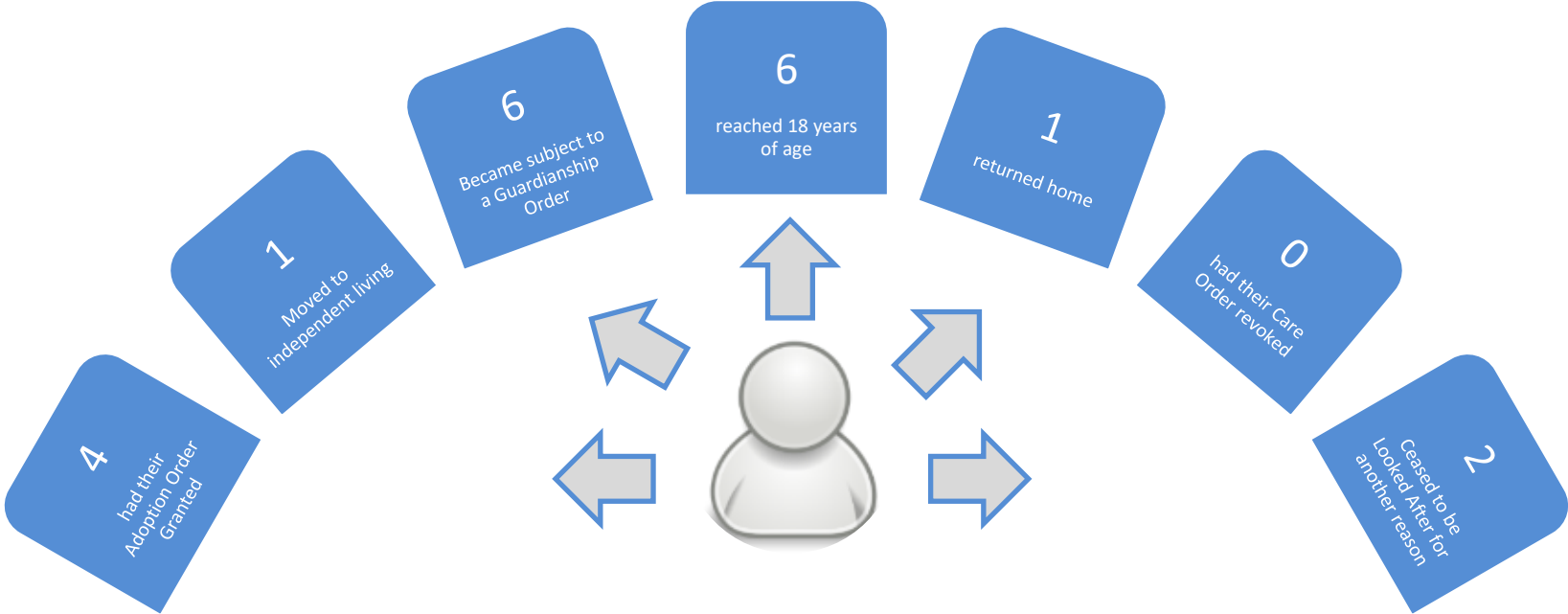
The percentage of visits to children on the Child Protection register that were on time or not overdue : (data captured 8 July)	69% (NA)	
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Dual Status

The number of children who are on the Child Protection Register and are Looked After: (data captured 8 July)	17 (27)	
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Looked After Children

The number of children who were Looked After at the end of the month:	515 (527)	Outcomes/destinations for those casing to be looked after to be captured.
The number of children becoming looked after during the month:	8 (13)	
The number of children ceasing to be looked after during the month:	20 (28)	



Looked After Children

Permanence		
The number of LAC Reviews carried out during the month:	84 (68)	* No PEPs were due to be returned in June.
The number of PEP's received within 20 school days of becoming looked after:	0* (3)	
The number of cases managed under Special Guardianship Orders and Child Arrangement Orders at the end of the month:	290 (305)	
The number of Children / Young People residing in Bed & Breakfast at any time during the month:	0 (0)	
The number of young people presenting as homeless during the month:	10 (11)	

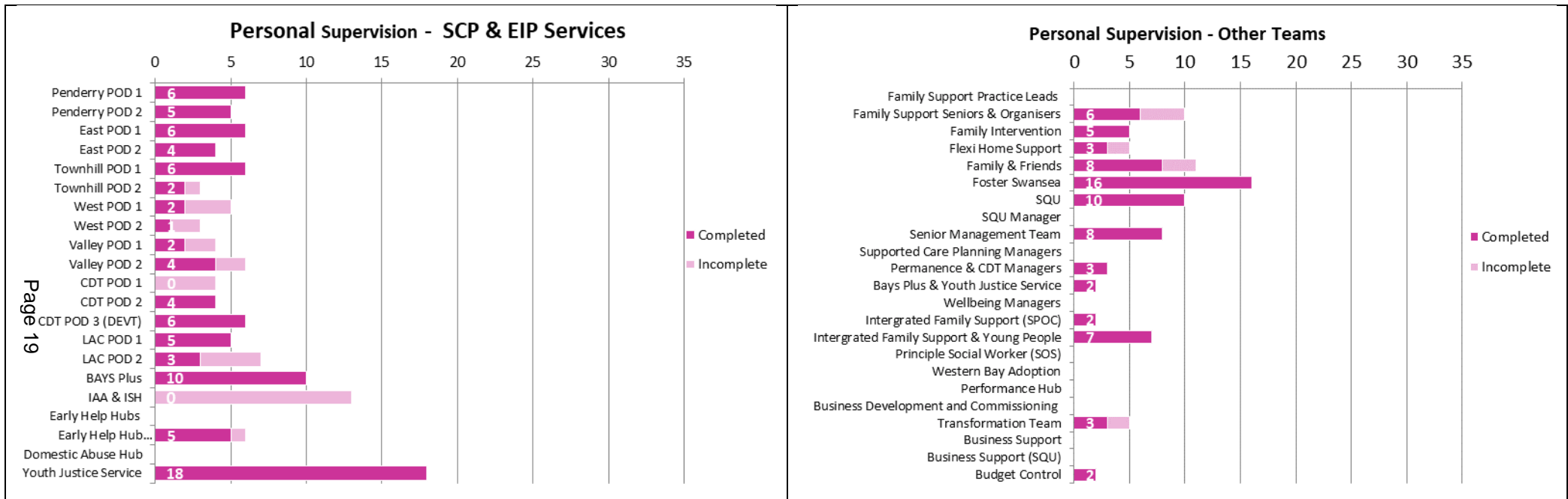
Supervision

Personal Supervision

The percentage of Personal Supervision sessions that took place within prescribed timescales:

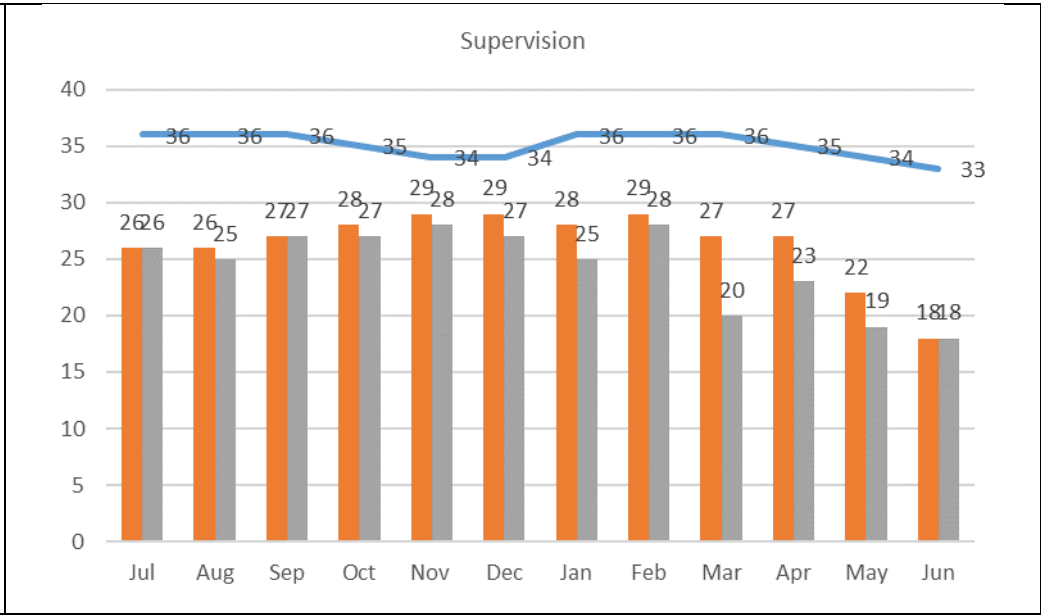
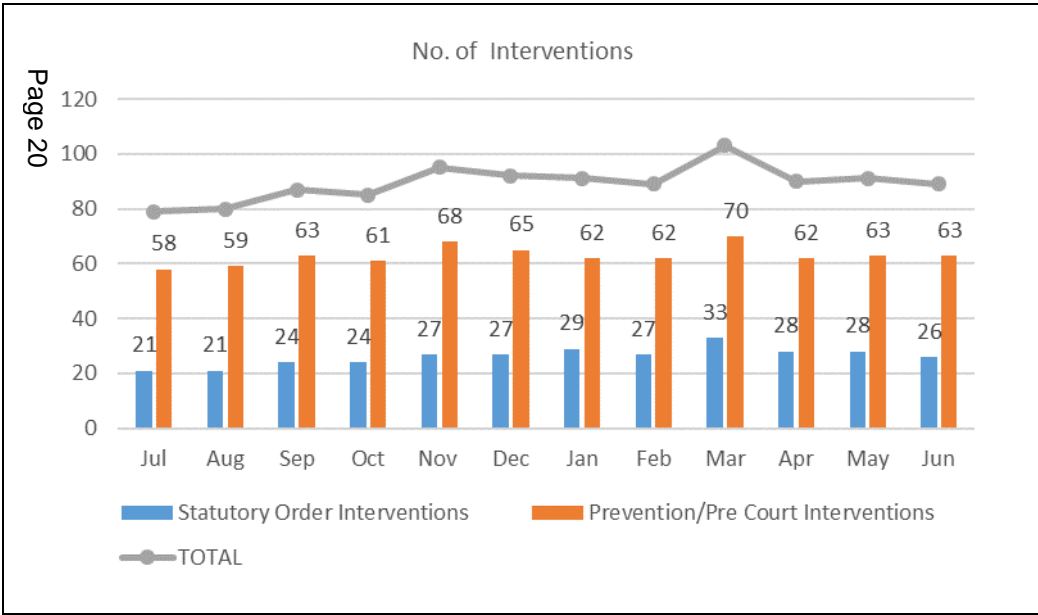
164, 79%
(NA)

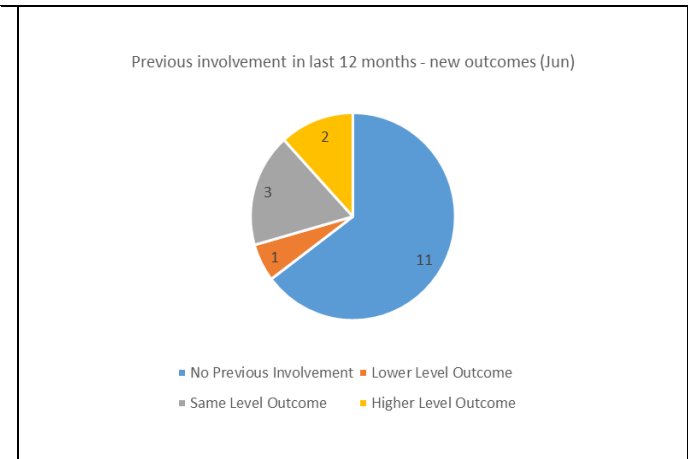
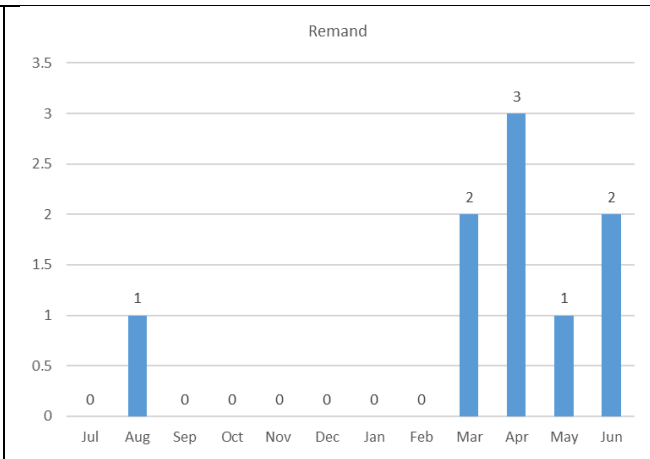
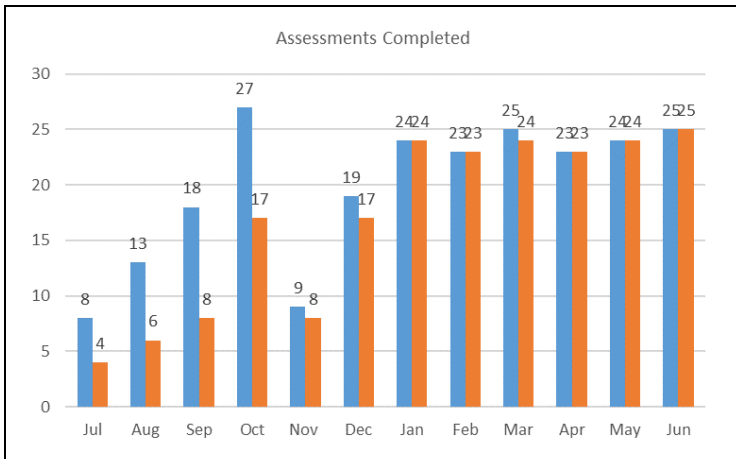
- See graph below for breakdown – while it appears a high percentage of supervisions have taken place, some Teams have not provided feedback.



Youth Justice Service

Total number of Young People open on an Intervention:	90 (91)
Number of young people on Remand:	2 (1)
Number of Asset Plus Assessments completed in the month:	25 (24)
Number of Asset Plus Assessments completed within 20 days:	25 (24)
Number of Supervisions that took place in the month:	18 (19)





What is working well?

- Continued, consistent number of young people open on interventions.
- All assessments completed this month were completed and quality assured within timeframe. Of the young people on new interventions in the last month, 11 were not previously known to the service. Of these, 1 had a lower level outcome. This young person was subject to a Referral Order but remained voluntarily open to the service for additional support when that Order ended in June. Three young people had interventions at the same level to their previous intervention.
- We have recently submitted our Youth Justice Plan which focuses on areas of work for the coming year.

What are we worried about?

- Throughout June, the team have continued to function below capacity in respect of Social Work staff and one Practice Lead was working reduced hours during this period. We have had the support of an agency staff member who has been undertaking assessments.
- The data show that there has been a dip in supervisions in the last month. This can be attributed to staff sickness and leave. All staff were offered regular opportunities for case discussion and guidance on a daily basis during this period.
- Of the young people open on new interventions in June, 2 young people received a higher level outcome. One received a Youth Rehabilitation at Court following re-offending while subject to a Referral Order. The other was made subject to a custodial remand following a robbery offence.
- The other young person on remand is currently awaiting sentence which is scheduled for August. Due to the serious nature of the offences a custodial sentence is being considered by the Court.

What do we need to do?

- We have two new Social Workers joining the team over the next couple of months. One is joining on the 19th July and the other on the 23rd August. This will mean the team is at full capacity for Social Work staff. We have also appointed a new Practice Lead following one of our Practice Leads leaving the service at the beginning of July.
- Acknowledging the dip in supervisions, while accepting that this is related to leave and sickness, the team will be reminded of the importance of maintaining regular supervision and this will be closely monitored to ensure that staff are accessing this support.
- Focus over the next few months will be on case audits and developing and improving our review process.

Agenda Item 8



Report of the Cabinet Member for Children's Services Child and Family Services Scrutiny Performance Panel – 11 August 2021

TY NANT CIW INSPECTION

Purpose	To present the outcome of the Ty Nant CIW inspection.
Content	<p>The report provides the outcome of the onsite Ty Nant CIW Inspection that was undertaken on the 5th May 2021 which includes five areas identified where priority action was required and three areas identified where improvement was required. An action plan has been developed and a further meeting was held with the CIW on the 16th July 2021 to review progress.</p> <p>Summary of main findings:</p> <ul style="list-style-type: none">• Young people exercise choice and contribute to decision-making about their care. In general, young people are positive about their stay; they have good relationships with staff and feel well-cared for.• On a day to day basis, care staff support young people and do their best to promote their emotional and physical well-being and keep them safe.• The working practices of care staff are not guided by robust, co-produced personal plans and associated documentation. Young people's progress is not well recorded and it is difficult to see whether they are achieving positive outcomes.• Care staff are not trained in the therapeutic techniques described in the home's statement of purpose and require additional learning opportunities.• In general, the accommodation is suited to the needs of the young people living there and health and safety risks are assessed and managed. However, the environmental risk assessment should be reviewed and the frequency of fire drills should be increased.• Measures are in place to ensure regular

	management oversight of the home. However, action is required by the acting Responsible Individual and service provider to address service shortfalls, and meet legal requirements.
Councillors are being asked to	Consider the report as part of their routine review of performance in Child and Family Services.
Lead Councillor(s)	Cllr Elliott King, Cabinet Member for Children's Services
Lead Officer(s)	David Howes, Director of Social Services Julie Davies, Head of Child and Family Services
Report Author	Julie Davies, Head of Child and Family Services 01792 633812 Julie.davies10@swansea.gov.uk

1 - Area of Improvement Focus – Staffing Structure

Aim/outcome for the impact of actions taken under this area for improvement:

- There are sufficient numbers of staff employed at Ty Nant to ensure the safety and well-being of young people.
- There is sufficient management capacity to deliver a good service and drive improvement.
- Young people are empowered to contribute to the shaping of the service.

Ref No.	Action	Lead Person	Timescale	Evidence	Notes and progress	Priority Status
1.1	Implement staffing restructure to ensure there are sufficient staff employed for the effective operation of the service.	CF	12.07.21 18.07.21	Staff structure filled in line with DPR proposals.	Staff and union consultations held. Consultation closed. EOI to be returned by 5.7.21. New rota scheduled to commence 18.07.21. UPDATE 8th July: All on track. Successful candidate forms to be completed by HM/JGE. HR to provide fulltimers with contract. UPDATE 15.07.21 - All start on 18.07.21 with exception of RA who is serving 4 week notice.	
1.2	Review the list of flexi staff to ensure we have people who are available to work as and when required and recruit to fill gaps resulting from the restructure.	JGE	30.08.21	Staff structure and rota	Requested that the advert for flexi workers goes out once more. Awaiting translation. The number of positions to be offered based on the response to EOI by 05.07.21. UPDATE 8th July: JD gone to Debbie Leonard for adverts for the posts. UPDATE 15.07.21: Adverts gone out.	
1.3	The Assistant Manager is to be taken off the rota to provide greater managerial support. Assistant Manager to work 37 hours across 7 days to provide greater managerial cover outside of normal business hours.	CF	23.06.2021	Staff rota.	Completed	

1.4	Additional support sourced to realise the required changes in practice.	CF	15.07.21	Contract and support provided for the completion of delegated tasks.	UPDATE 8th July - CF has been in discussion with an independent provider to see if they can provide the required type of support. Discussions continue and other sources are also being explored. UPDATE 15th July: The Principal Social Worker has agreed to provide support with the required improvements to practice.	
1.5	A new staffing rota is implemented for the revised staff structure. Staff rotas allow time to ensure that hand-over sessions, spending time with individual young people, completion of records and planning and carrying out of care programmes, training etc. There are a minimum of 2 wakeful members of staff on shift.	JGE	18.07.21	Staff rota.	UPDATE 8th July: On-track. UPDATE 15.07.21: Staff pleased with rota. JGE noted that easier to cover training and ensure good matching of staff.	
1.7	Young people are involved in the recruitment of new staff.	HM	05.07.21	Recruitment policy changed and implemented from this date.	UPDATE 8th July: YP have been involved in previous interviews. UPDATE 15/07/21: policy been updated and YP to be involved in recruitment of flexi staff next month.	
1.8	Staffing structure and rota is reviewed to ensure it is working as anticipated.	CF	30.10.21			

2 - Area of Improvement Focus – Staff receive the support, training and supervision required to develop their practice

Aim/outcome for the impact of actions taken under this area for improvement:

- Young people receive the care and support they need from competent and confident staff.
- Young people are looked after by staff who are themselves supported and guided in promoting the young people's welfare.
- Young people are looked after by staff who are trained to meet their needs.
- All care staff have a clear understanding of their responsibilities ensuring effective delivery of care services to young people

Ref. No.	Action	Lead Person	Timescale	Evidence	Progress Update	Priority Status
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2.1	All staff within the team have clear areas of responsibility to ensure routine housekeeping tasks are completed.	JGE	21.06.21	Responsibilities matrix devised	Completed. UPDATE 8th July: working well. Compliance to be monitored by JGE on a weekly basis.	
2.2	All new staff have the required qualifications for the role or are working towards them if they don't already possess them.	HM	30/07/21	Review of staff qualifications and enrollment on courses where required	Awaiting outcome of restructure and confirmation of how the posts will be filled. UPDATE 8th July: Completed. Position of staff captured on training matrix. Summary:- Fulltimers: all qualified. Part-timers: x3 starting level 3 in September and 1 due to complete AWIF within 6 weeks.	
2.3	Staff access training on a range of subjects in order to support the holistic needs of young people who have experienced trauma and abuse. Such training to include a range of specialist subject: bullying and harassment, behaviour management and therapeutic care.	HM	16/07/2021 30/07/21 (for training matrix to be filled)	Staff training matrix. JGE responsible for ensuring staff attend when scheduled.	UPDATE 8th July: Matrix developed but dates needed for team training on behaviour management, TIP and PACE . UPDATE 15.07.21 - CF has met with training. Behaviour management dates confirmed and others being sourced.	
2.4	All employed staff to have monthly supervision (and flexi staff to have it every 6 weeks), as a minimum.	JGE	09/07/2021 22.07.21 (for schedule to be put in place)	Schedule of supervision for the year. Data on supervisions to be maintained as part of QA framework..	UPDATE 8th July: JGE planning to complete this week. Update 15.07.21: Partially completed. Initial focus on first month as needed to finalise certain aspects on the rota first. Will now be done for year.	
2.5	Supervision and appraisal templates to be developed to support improvements in the quality of supervision and reflection on practice.	HM	16/07/21	Appropriate templates.	UPDATE 8th July: Appraisal template and draft supervision template circulated for comment. UPDATE 15th July: Revisions made to new supervision template which is now to be adopted.	
2.6	Team meetings for the coming year are diarised on a monthly basis. These will include a discussion of the inspection report, action plan and service developments.	JGE	16/07/21	Meeting scheduled on monthly basis. Meeting minutes to be provided to RI. Staff feedback confirms improved communication and	UPDATE 8th July: JGE diarised for the year. UPDATE 15th July: CF to be invited to meeting at 10am on 21.07.21.	

2.7	Specialist therapeutic support is secured to contribute to the Personal Plan and to provide consultations and reflective sessions for the managers and staff.	CF	30.09.21	Service Level Agreement with provider.	UPDATE 8th July: CF has met with GE to agree how Internal Therapy Service can provide this going forwards.	
2.8	Additional laptops are purchased to promote and facilitate supervision, training and attendance at team meetings.	HM	30/07/2021 30/08/21		UPDATE 8th July - Laptops requested. Update 15.07.21: chased but expected end of August due to ICT delays.	
2.9	Audit of supervision to ensure they are taking place regularly and the quality is of a good standard.	CF	30/09/21	Report summarising findings.		

3 - Area of Improvement Focus – Practice is underpinned by robust policies and procedures

Aim/outcome for the impact of actions taken under this area for improvement:

- Young people receive the individual support they need when they need it.
- Young people’s well-being and personal outcomes are supported in accordance with the statement of purpose
- Young people are empowered to contribute to the shaping of the service.

Ref. and RA	Action	Lead Person	Timescale	Evidence	Progress Update	Priority Status
3.1	The SOP is reviewed to ensure it (i) reflects the delivery of the service, (ii) lines of accountability, and (iii) is up-to-date. HOS, CIW and yp are informed of changes.	CF	30/07/21	Amended SOP.	UPDATE 15.07.21: Completion pending realisation on some of the other actions.	
3.2	The home undertakes fire drills following the admission of a new cyp or staff member and once a month as a matter of course.	HM	09/07/2021 30.07.21	Amended fire policy and fire drill records.	UPDATE 8th July: Fire drills included on responsibilities matrix (see ref. 2.1) so evidence that they are being completed now. HM to update the policy and risk assessment. UPDATE 15th July: HM liaising with H&S on the final policy - they are visiting the home w/c 26/07/21.	

3.3	Policies and procedures are audited to identify those in need of being updated.	CF	30/07/21			
3.4	Polices are updated where appropriate. Young people are supported to contribute to the development of relevant policies and procedures.	HM / MD / CF	30/08/21	Amended policies shared with HOS. Policies are young person friendly and fit for purpose.		
3.5	Young people and staff receive training and guidance on any changes to policies and procedures.	HM / MD	15/09/21	Training delivered. Changes reflected in practice.	Plan to be devised when we know what policies have been amended.	

4 - Area of Improvement Focus – Improved practice is directed by high quality assessment and personal planning

Aim/outcome for the impact of actions taken under this area for improvement:

- All young people have detailed files that accurately describe their care at Ty Nant and promotes their safety wellbeing and development
 - Young people have their needs assessed effectively and comprehensively.
 - A detailed written Personal Plan outlines how these needs will be met and informs the work undertaken by staff.
 - Young people receive the individual support they need when they need it.
 - Young people are encouraged and supported to make decisions about their lives and to influence the way the home is run.
 - Young people’s needs and outcomes are reviewed regularly in the light of their care and progress at the home.
 - Young people enjoy appropriate, positive relationships with staff based on honesty and mutual respect.
 - Young people are empowered to contribute to the shaping of the service.

	Action	Lead Person	Timescale	Evidence	Progress Update	Priority Status
4.1	The structure of files and young people’s records are changed in line with best practice. New Personal Plans and associated documentation are developed to ensure they are the best they can be and young people are fully involved.	CF / KR / HM	06/08/21	New documentation.	Update 15.07.21 - Audit on 12.07.21 identified several areas for change / improvement. Alternative examples of risk assessment and planning documents being gathered. Session planned with KR to develop new documents.	

4.2	Staff are trained on the correct completion of the plans and paperwork. This is to include good practice examples and the importance of evidencing their work with the young person.	CF / KR / HM	13/08/21	Training delivered.	Update 15.07.21 - Planning meeting with KR on 23.07.21 before workshops taking place with staff..	
4.3	Placement plans are consistently reviewed in line with good practice and relevant policy.	HM	Immediate		Plans will be reviewed on a timely basis with immediate effect but their quality will improve as staff are trained and improvements embedded.	
4.4	Young people are consistently supported to contribute to their assessment and planning documents.	HM	13/08/21		Young people will be supported to contribute with immediate effect but the quality will improve as staff are trained and improvements embedded.	
4.5	Audit of placement planning to ensure it is being completed to a high standard	MD / CF	30/09/2021 and 30/11/21	Audit report.		

5- Area of Improvement Focus – Physical environment

Aim/outcome for the impact of actions taken under this area for improvement:

- Young people enjoy a clean, nurturing domestic environment that is stimulating and promotes their development.

	Action	Lead Person	Timescale	Evidence	Progress Update as of	Priority Status
5.1	A protective covering is put back on the beam in the smaller bedroom.	JGE	30.07.21		Update 8th July: Corporate property services attending on 13th July for site visit. UPDATE 15th July - On-track.	
5.2	A desk and chair is purchased for each of the bedrooms.	JGE	30.07.21		Update 15th July: Furniture due for arrival on 16.07.21. UPDATE 15th July - On-track.	
5.3	The utility / hobby room is returned to a dining room.	JGE	30.07.21		Update 15th July: On-track.	

6 - Area of Improvement Focus – Quality assurance

Aim/outcome for the impact of actions taken under this area for improvement:

- Ty Nant has effective quality assurance arrangements that provide confidence that the service operates in line with legal requirements and its statement of purpose and is supporting young people to a high standard.
- Information obtained through monitoring is used for continued development and improvement of the service.
- The views of young people and families is integral to the quality assurance arrangements.
- Young people can be confident that that the home is carried on with sufficient care, competence and skill to ensure that their care and support needs are appropriately met.
- Quality assurance and governance arrangements ensure that any service shortfalls, including non-compliance with legislation, are identified and addressed in a timely way

	Action	Lead Person	Timescale	Evidence	Progress Update as of	Priority Status
6.1	The policy describing compliance with RISCA and Parts 1-15 of the associated Regulations is updated.	HM	06/08/21	New policy signed off by HOS.		
6.2	The RI develops a policy document for compliance with Parts 16-20 of the Regulations.	CF	06/08/21	New policy signed off by HOS.	Update 15th July - CF to share draft policy.	
6.3	The monitoring documentation gathered is revisited to ensure it is fit for purpose and contains valuable qualitative and quantitative measures.	HM / CF	30/07/21	Performance framework	Update 15th July - HM and CF have done some work and there is a session to pull it together on 22.07.21.	
6.4	The RI undertakes training on the performance of the role.	CF	30/08/21	Training certificate.	Update 15th July - TMR developing RI training. CF has read Statutory Guidance and information and learning resource on SCW.	
6.5	The RI implements the new policy for the proper completion of their legal responsibilities	CF	07/08/21	Report to HOS / SLT.		
6.6	There is an audit of the quality assurance performed by the manager and RI.	TBC	30/09/21	Report.		



Inspection Report on

Ty Nant

Swansea

Date Inspection Completed

05/05/2021

Final unpublished report

Final unpublished report

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About Ty Nant

Type of care provided	Care Home Service Childrens Home
Registered Provider	City and County of Swansea Adults and Children's Services
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	30/11/2018
Does this service provide the Welsh Language active offer?	No

Summary

Ty Nant provides care and support for young people between the ages of 10 and 18 years. The home provides short-term accommodation for young people, some of whom arrive on an unplanned basis, with a view to preparing them for a successful move on to home or a longer term placement.

Young people exercise choice and contribute to decision-making about their care. In general, young people are positive about their stay; they have good relationships with staff and feel well-cared for. On a day to day basis, care staff support young people and do their best to promote their emotional and physical well-being and keep them safe. However, the working practices of care staff are not guided by robust, co-produced personal plans and associated documentation. Young people's progress is not well recorded and it is difficult to see whether they are achieving positive outcomes.

Care staff are not trained in the therapeutic techniques described in the home's statement of purpose and require additional learning opportunities.

In general, the accommodation is suited to the needs of the young people living there and health and safety risks are assessed and managed. However, the environmental risk assessment should be reviewed and the frequency of fire drills should be increased.

Measures are in place to ensure regular management oversight of the home. However, action is required by the acting RI and service provider to address service shortfalls, and meet legal requirements.

Well-being

Young people have a voice and are able to express their views and opinions, on a day to day basis. They are able to discuss their wishes and feelings on a one to one basis in key working sessions and attend weekly house meetings, where they are able to talk about their experience of living in the home, as well as planning meals and activities for the forthcoming week. Matters raised by young people are discussed within the meeting and also receive a written response from the manager or deputy manager. However, the home's manager and care staff must ensure young people are able to actively contribute to the development and review of their personal plans.

Young people are supported by care staff to engage with education. During school closures young people have been provided with laptops and have undertaken online learning. Care staff have ensured young people set time aside to complete this work, and have maintained regular contact with school staff to discuss young people's progress. When we inspected the home, two young people were struggling to re-engage with face to face learning; ongoing work is needed to support young people to achieve positive educational outcomes.

Young people are supported to maintain good health, though further encouragement is required to ensure they undertake regular exercise and eat a balanced diet. Medical consents are obtained to ensure young people's health needs are met in a timely way. Most young people remain registered with their own GP surgeries, though temporary registration with a local surgery is arranged, if necessary. Medical attention is sought if needed and young people are supported to attend routine appointments with health professionals. Healthy menus are completed on a weekly basis, but meals actually eaten vary from the menu and young people do not regularly eat fruit and vegetables. Young people's engagement in physical activity is variable, and activity planning could be improved. Records of recent activities regularly included "going for a drive with staff" and visits to fast food outlets. We saw young people had complained of being bored, and were concerned to see "triggers" for incidents included "boredom". It was positive to hear, therefore, that bicycles had recently been purchased for young people's use.

Young people's emotional well-being is promoted, day to day. Young people generally have positive relationships with care staff and are able to share their worries and concerns. However, structured direct work to address young people's emotional and behavioural difficulties is not well-evidenced. Care staff provide a homely environment and recently introduced "memory boxes" for children to take with them when they leave the home.

In general, young people are appropriately safeguarded. Care staff attend safeguarding training and appropriately report safeguarding matters to the local safeguarding team. Greater vigilance is sometimes required to deter young people from going missing. Care staff have completed behaviour management training to ensure any physical interventions are safely carried out. There are environmental measures in place to reduce the likelihood

of COVID-19 transmissions, in order to keep young people and staff as safe as possible.

Final unpublished report

Care and Support

Although some young people arrive on an emergency basis, every effort is made to ensure as much information as possible is obtained at the point of arrival, with additional information promptly provided following admission. Impact assessments generally identify potential issues regarding the mix of young people and strategies are identified to manage associated risks. However, the home's pre-admission and admission processes and documentation do not clearly evidence the service provider has taken steps to determine the suitability of the service for each young person.

Young people's personal plans are incomplete. Despite local authority care and support plans detailing young people's complex needs, this information is not routinely integrated into their personal plans. Personal plans do not clearly record young people's care and support needs; they lack clear aims and personal goals; they do not demonstrate young people have contributed to their development and they do not provide guidance to care staff on how to work with young people on a day to day basis. Reviews of plans do not provide any detail of progress made. Although additional information about young people is recorded within risk assessments, safety plans and behaviour modification plans, these documents do not connect together, and again lack detailed guidance to care staff on how to address risky and challenging behaviours or how to support young people to achieve positive outcomes during their stay at Ty Nant.

Young people develop positive relationships with care staff, which enhances their emotional well-being. Action is underway to increase the numbers of full time staff; this will reduce reliance on "flexi" staff, who are less well-known to the young people. Young people told us that they got on well with most care staff and felt supported by them. We saw some good examples of direct work, which enabled young people to talk about their feelings, any worries and hopes for the future. Care staff are able to use this information to support the young people and help them consider more positive ways to communicate and behave. However, the quality of direct work is variable and care staff would benefit from additional training. Some young people require additional encouragement to regularly engage with this direct work.

In general, young people are appropriately safeguarded. Although the home's safeguarding policies have not been updated, care staff have attended safeguarding training and safeguarding matters are reported to the local safeguarding team in accordance with the Wales Safeguarding Procedures. However, detailed guidance should be provided to care staff regarding the level of supervision required to minimise the risk of young people going missing and care staff must adhere to this guidance. Care staff attend accredited behaviour management training and there is a low incidence of physical interventions. Refresher training has been subject to delay, during the COVID-19 pandemic, but is currently being sourced.

Young people's health and safety is promoted through the measures in place to reduce the risk of young people and staff contracting Covid-19. Risks have been assessed and guidance, which accords with the latest update from Public Health Wales, is provided to

care staff. Care staff are reminded in team meetings to adhere to the guidance issued. Protocols are in place for the testing of care staff and visitors to the home to keep all individuals as safe as possible.

Final unpublished report

Environment

Ty Nant is located in a semi-rural area, on the outskirts of a small town in the City and County of Swansea. The accommodation is generally suited to the needs of the young people living there; it is comfortable, clean and generally well-maintained, though there had been some recent damage to the home which was awaiting repair when we visited. The large lounge / games room provides comfortable seating, with space for young people to watch television, or to play games (new equipment including a pool / table tennis table had been recently purchased). A smaller, second lounge and an area within the utility room provided extra space for young people to spend time together or to pursue separate activities, without getting in each other's way. The open plan kitchen / dining room was small however, and at full capacity would not have sufficient space for young people and staff to sociably sit down and eat together. Young people have their own bedrooms and share two communal bathrooms. However, space is limited and bedrooms are not furnished to enable young people to have any independent study or hobby space. Young people are able to personalise their bedrooms; one young person showed us examples of their artwork, which staff had framed and put on display. Personal bedding had not yet been bought for one young person who had fairly recently arrived, but plans were being made for them to purchase bedroom items.

The home benefits from large grounds, with grassed and wooded areas. Flower containers had been planted at the front of the house, providing a pleasant outlook. The rear garden would benefit from some outdoor seating and additional games equipment to encourage young people to spend time outside.

Overall, young people's health and safety is maintained, as systems have been established to monitor and address environmental hazards. New care staff complete health and safety training to ensure they understand their responsibilities in relation to these matters. Health and safety checks are routinely completed by care staff, though there have been some recent lapses in recording. Information relating to the home's previous premises should be archived. Environmental risk assessments have been completed, though these require review. We noted that one young person had bumped their head on the ceiling beam in their bedroom, which was below head height; this should be addressed. Arrangements are in place for the regular servicing and maintenance of fire equipment. Fire drills are undertaken on a quarterly basis. However, as placements are generally short term, there are frequent changes of young people. Therefore, fire drills should be undertaken following the arrival of any new young person or staff member to ensure everyone understands the evacuation procedures.

Leadership and Management

The day to day operation of the home does not accord with its statement of purpose. The document provided for inspectors was dated 2018; details relating to the Responsible Individual were no longer accurate; there was no reference to the Welsh language “active offer ”and information regarding the home’s service model and therapeutic techniques did not accord with working practices at the home. Arrangements outlined regarding staff training, support and development were not evidenced, at inspection.

Young people are provided with information about the home, to help them settle in. They receive a guide to the home as part of the admission process, which explains how they will be cared for, and also provides answers to some common questions and possible worries the young person may have.

Although measures are in place to monitor and review service quality, they are not sufficiently robust. Service shortfalls, including areas where the home does not meet legal requirements are not consistently identified and are not addressed in a timely way. The current pandemic has undoubtedly impacted on some areas of service delivery. Difficulties have been compounded by the absence of the manager since January 2021 and capacity issues in relation to the “acting up” arrangements. However, the shortfalls identified at inspection cannot solely be attributed to these circumstances.

The quality of policies and procedures provided for inspection was variable; in some instances referencing obsolete legislation and statutory guidance and not in accordance with the requirements of the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

The manager, and in their absence the deputy manager, has completed monthly reports for the service provider. However, although the report aims to provide evidence of improving well-being outcomes for young people, the information focuses on processes, rather than outcomes. Given the significant shortfalls identified at inspection, it is concerning that the monthly reports provided for inspection state that systems in place for effective record keeping are “satisfactory”

Although a quality of care review had been completed by the acting RI in September 2020, the accompanying report does not evidence that feedback had been sought to inform the review. Nor does it evidence information has been analysed in order to assess the quality of care provided and to inform service improvement.

Final unpublished report

Areas for improvement and action at, or since, the previous inspection. Achieved

Areas for improvement and action at, or since, the previous inspection. Not Achieved

None

Areas where priority action is required

The service provider is not compliant with Regulation 7(1) and 7(2) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

Regulation 7(1)
Regulation 7(2)

The service provider is not compliant with regulation 8(1) and 8(2) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

Regulation 8(1)
Regulation 8(2)

The service provider is not compliant with regulation 15 (1) (a)(b)(c)(d) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

Regulation 15(1)(a)
Regulation 15(1)(b)
Regulation 15(1)(c)
Regulation 15(1)(d)

The service provider is not compliant with regulation 21(1) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

Regulation 21(1)

The service provider is not compliant with Regulation 36(2)(b) and 36(2)(e) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

Regulation 36(2)(b)
Regulation 36(2)(e)

We found poor outcomes for people, and / or risk to people's wellbeing. Therefore, we have issued a priority action notice and expect the provider to take immediate steps to address this and make improvements.

Areas where improvement is required

The service provider must ensure that the content of policies and procedures are appropriate, consistent with the home's statement of purpose and kept up to date.

Regulation 12(4)

The service provider must ensure that the premises used for the provision of the service are suitably furnished and equipped and free from hazards: bedrooms should provide space and furniture for individual study and hobbies the home should be free from

Regulation 44(4)(c)
Regulation 44(4)(g)

hazards to health as safety so far as is reasonably practicable.	
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

Final unpublished report

Date Published Insert_Report_Published_Actual_Donot_Delete

Final unpublished report



Care Inspectorate Wales

Regulation and Inspection of Social Care (Wales) Act 2016

Priority Action Report

Care Home Service

This report contains notices where priority action must be taken by the registered person in respect of identified non-compliance with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this report is a serious matter. The notices contained within the report have been issued in accordance with our Securing Improvement and Enforcement Policy. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with this policy.

A copy of the Securing Improvement and Enforcement Policy is available on our website

Further advice and information is available on our website
www.careinspectorate.wales

Ty Nant

Swansea

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Leadership and Management	Our Ref: NONCO-00010874-RYCL
Priority Action Notice identified at this inspection	
Timescale for completion	30/09/21
Evidence	
<p>The service provider is not compliant with Regulation 7(1) and 7(2) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.</p>	
Evidence	
<p>The statement of purpose does not accurately describe the service provided, nor provide accurate details regarding lines of accountability. The service provider has not kept the statement of purpose under review, on at least an annual basis.</p> <p>Evidence: Although the home's statement of purpose states that care staff are trained in a range of therapeutic techniques, this training was not evidenced within staff training records.</p> <p>There was no evidence at inspection, in records and from our observation of care staff's day to day practice, that the service model described in the statement of purpose, is being followed.</p> <p>The frequency of staff supervision does not accord with the information provided in the statement of purpose.</p> <p>The statement of purpose does not provide details of the quality assurance arrangements for the home.</p> <p>The home is registered with CIW to care for 3 young people, as stated in the statement of purpose. However, between 26/04/21 and 28/04/21, a fourth young person was admitted to the home.</p> <p>The statement of purpose states that fire drills are undertaken on a monthly basis. However, records showed that fire drills were undertaken on a quarterly basis, throughout 2019 and 2020. The last recorded fire drill took place on 11/11/20.</p> <p>The statement of purpose is dated 2018. The statement of purpose has not been updated since that time, although the statement of purpose and statutory guidance states that this document should be reviewed annually.</p> <p>Impact: Young people's well-being and personal outcomes cannot be assured as the service provided to them is not as described in the statement of purpose.</p>	
Regulation number	
Description of non-compliance/Action to be taken	
7(1)	

Leadership and Management	Our Ref: NONCO-00010879-SJLH
Priority Action Notice identified at this inspection	
Timescale for completion	30/09/21
Evidence	
<p>The arrangements in place to monitor, review and improve the quality of care and support provided by the service are not sufficiently robust.</p> <p>Evidence.</p> <p>The home has been without a manager since January 2021. Although the deputy manager is acting up in that role, they have continued to discharge all or part of their own responsibilities since that time.</p> <p>At the time of CIW's inspection the home's Responsible Individual (RI) had been absent since 03/12/2019. Despite this lengthy absence, temporary "cover" arrangements have remained in place. Alternative permanent arrangements were not progressed until 23/03/21 when CIW received an application for registration from the acting RI.</p> <p>The acting RI has not received any training in respect of the RI role and responsibilities.</p> <p>Monthly reports completed by the deputy manager, for March 2021 and April 2021 state that they were "satisfied with the systems in place" for effective record keeping despite CIW's inspection identifying legislative non-compliance.</p> <p>The latest quality of care review (September 2020) did not seek the views of young people living in the home, their representatives, local authority social workers, or the home's care staff.</p> <p>The latest quality of care report (September 2020) did not provide evidence of an analysis of aggregated data on incidents, notifiable incidents, safeguarding matters, whistleblowing, concerns and complaints, any action taken and outcome of any audits undertaken.</p> <p>Quality assurance arrangements have failed to identify and address areas where the service does not meet legal requirements.</p> <p>Impact:</p> <p>Young people cannot be confident that that the home is carried on with sufficient care, competence and skill to ensure that their care and support needs are appropriately met. Quality assurance and governance arrangements are not robust enough to ensure that service</p>	
Description of non-compliance/Action to be taken	Regulation number
The service provider is not compliant with regulation 8(1) and 8(2) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.	8(1) 8(2)

shortfalls, including non-compliance with legislation, are identified and addressed in a timely way.

Care and Support	Our Ref: NONCO-00010882-KVFM
Priority Action Notice identified at this inspection	
Timescale for completion	30/09/21
Evidence	
<p>Personal plans are incomplete; they have insufficient information and guidance to ensure that care staff fully meet young people’s needs. Young people have limited input or involvement in the development of their plans.</p> <p>Evidence: Personal plans are not prepared in line with statutory guidance - outcomes are not specific and measurable.</p> <p>Personal (placement) plans do not accord with young people’s care and support plans. Significant issues in respect of their needs and associated risks are not included within their personal plans.</p> <p>Personal plans do not provide detailed guidance for care staff on the steps to be taken / strategies to be implemented to meet young people’s day to day needs and achieve personal outcomes.</p> <p>Of five personal plans viewed, only two had included any views by young people. There was no evidence of any young person actively contributing to the development of their personal plans.</p> <p>Young people’s expressed goals and what needs to happen to enable them to achieve them are not consistently included in their plans.</p> <p>Impact: The impact on young people using the service is that they are not involved in their care planning. They cannot be confident that care staff have access to a suitable personal plan. Plans do not provide sufficient, clear guidance to ensure care staff effectively provide care and support which enables young people to achieve their personal outcomes.</p>	
Description of non-compliance/Action to be taken	Regulation number
The service provider is not compliant with regulation 15 (1) (a)(b)(c)(d) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.	15(1)(a) 15(1)(b) 15(1)(c) 15(1)(d)

Care and Support	Our Ref: NONCO-00010883-JBVJ
Priority Action Notice identified at this inspection	
Timescale for completion	30/09/21
Evidence	
<p>The service provider has not ensured that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.</p> <p>Evidence: Personal plans for young people do not have clear aims or personal goals and lack guidance for care staff on how to provide day to day care and manage risk.</p> <p>Although social workers have completed risk assessments for young people, we saw no evidence of risk management plans in place to address identified risks.</p> <p>Behaviour modification plans do not provide sufficient guidance for care staff on managing challenging behaviours. Although risky behaviours are identified, specific action to address these behaviours is not provided.</p> <p>Behaviour modification plans and safety documents are undated, have no authorship and no review dates.</p> <p>Documentation relating to young people (impact assessments, personal plans, safety plans, risk assessments and behaviour modification plans) are disjointed and do not provide care staff with clear, joined-up, consistent guidance on working with young people and managing challenging and risky behaviours.</p> <p>Impact: Young people's well-being is compromised and they are placed at risk of potential harm. The service provider has failed to ensure appropriate guidance is in place for care staff, to enable them to keep young people safe, promote their well-being and ensure positive outcomes.</p>	
Description of non-compliance/Action to be taken	Regulation number
The service provider is not compliant with regulation 21(1) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.	21(1)

Leadership and Management	Our Ref: NONCO-00010884-RXWB
Priority Action Notice identified at this inspection	
Timescale for completion	30/09/21
Description of non-compliance/Action to be taken	
Regulation number	
The service provider is not compliant with Regulation 36(2)(b) and 36(2)(e) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.	36(2)(b) 36(2)(e)
Evidence	
<p>Care staff do not receive the training they require to ensure they have the knowledge and skills to meet young people’s needs. They do not receive supervision at the frequency stated in the home’s statement of purpose. Supervision sessions do not provide care staff with sufficient opportunities to reflect on their individual working practices.</p> <p>Evidence. Although the home’s statement of purpose states that care staff are trained in a range of therapeutic techniques, training records do not show that care staff have attended this training.</p> <p>Although the statement of purpose states that all staff have received training to recognise signs of bullying, training records showed only one member of care staff had undertaken training on bullying and harassment.</p> <p>Training records showed that care staff had not completed training in respect of the the specific needs of young people living in the home.</p> <p>On 21/05/21 we were advised by the deputy manager that supervision sessions had not been held on a monthly basis.</p> <p>The supervision record of one care staff member (dated 21/04/21) did not record any discussion regarding young people and the working practices of the staff member. There was no evidence of reflection and learning.</p> <p>The deputy manager and acting RI are not readily able to gain an overview of training undertaken by the staff team in order to identify staff’s learning needs and team training gaps. Three requests were made by CIW for a copy of the home’s training matrix.</p> <p>Impact: Young people’s well-being is compromised as they are being cared for by care staff who do not have the support, guidance and training to meet their complex needs.</p>	

Agenda Item 9

CHILD & FAMILY SERVICES SCRUTINY PERFORMANCE PANEL WORK PROGRAMME 2021/22

<p>Meeting 1 Tuesday 25 May 2021</p> <p>4pm</p>	<p>Confirmation of Convener</p> <p>Update on progress with CAMHS <i>Joanne Abbott-Davies, Assistant Director of Strategy & Partnerships, West Glamorgan University Health Board</i> <i>Julie Davies, Head of Child and Family Services</i></p> <p>Briefing on Youth Offending Service <i>Jay McCabe, Principal Officer Bays+ and Youth Justice Services</i></p>
<p>Meeting 2 Tuesday 22 June 2021</p> <p>4pm</p>	<p>Update on Regional Adoption Service <i>Nichola Rogers, Regional Adoption Manager, Western Bay Adoption Service</i></p> <p>Initial feedback from CIW Assurance Visit <i>Julie Davies, Head of Child and Family Services</i></p> <p>Draft Work Programme 2021/22</p>
<p>Meeting 3 Wednesday 11 August 2021</p> <p>4pm</p>	<p>Performance Monitoring <i>Julie Davies, Head of Child and Family Services</i></p> <p>CIW Assurance Visit Full Report <i>Julie Davies, Head of Child and Family Services</i></p> <p>Outcome from Ty Nant CIW Inspection <i>Julie Davies, Head of Child and Family Services</i></p>
<p>Meeting 4 Tuesday 21 September 2021</p> <p>4pm</p>	<p>Progress on Child and Family Improvement Programme <i>Julie Davies, Head of Child and Family Services</i> <i>Gemma Whyley, Child and Family Services Project Manager</i></p> <p>Corporate Parenting Board Update <i>Gemma Whyley, Child and Family Services Project Manager</i></p> <p>Update on Child Disability Services <i>Julie Davies, Head of Child and Family Services</i> <i>Christopher Francis – Principal Officer, Child and Family Services</i></p>
<p>Meeting 5 Wednesday 3 November 2021</p>	<p>Performance Monitoring <i>Julie Davies, Head of Child and Family Services</i></p>

4pm	<p>Adolescent Strategy and Action Plan <i>Jay McCabe, Principal Officer Bays+ and Youth Justice Services</i></p> <p>Video on Appreciative Technology <i>Julie Davies, Head of Child and Family Services</i></p>
<p>Meeting 6 Monday 13 December 2021</p> <p>4pm</p>	<p>Update on Support for Carers (including assessments) <i>Dave Howes TBC / Julie Davies TBC / Amy Hawkins TBC</i></p> <p>AS Panel Members to be invited for this item</p> <p>Complaints Annual Report 2020/21 for Adult Services / Child and Family Services <i>Sarah Lackenby, Chief Transformation Officer</i></p> <p>AS Panel Members to be invited for this item</p>
<p>Meeting 7 Tuesday 25 January 2022</p> <p>4pm</p>	<p>Delivery of Corporate Priorities in relation to Child and Family Services <i>Elliott King, Cabinet Member for Children Services</i> <i>Dave Howes, Director of Social Services</i></p> <p>Performance Monitoring <i>Julie Davies, Head of Child and Family Services</i></p>
<p>Additional Meeting Budget</p> <p>Date TBC February 2022</p>	<p>Draft Budget Proposals for Child and Family Services</p>
<p>Meeting 8 Wednesday 9 March 2022</p> <p>4pm</p>	<p>Safeguarding Quality Unit Annual Report (item to include briefing on safeguarding issues in relation to forced marriages) <i>Damian Rees</i></p> <p>Update from Regional Safeguarding Board on how regional arrangements are working TBC <i>Invite representative</i></p>

Future work programme items:

- Wales Audit Office Reports (dates to be confirmed)
- Why children become looked after (TBC)
- Examples of tools and techniques employed by front line staff in family engagement (TBC)
- Case Studies on Edge of Care (date TBC)