Dear Colleagues,

This letter describes the findings of an assurance check inspection completed by Care Inspectorate Wales (CIW) and Healthcare Inspectorate Wales (HIW). The inspection of Conwy County Borough Council's (CCBC) Community Learning Disability Team (CLDT) and the Learning Disabilities Directorate within Betsi Cadwaladr University Health Board (BCUHB) took place from 9 to 11 February 2026.

The purpose of the inspection was to review the local authority's social services and health board's performance in exercising their respective functions in line with legislation and standards.

1. Introduction

We carry out inspection activity in accordance with the Social Services and Well-being (Wales) Act 2014, the Health and Social Care (Quality and Engagement) (Wales) Act 2020, and the Health and Care Quality Standards 2023. This helps us determine the effectiveness of local authorities' and health boards' in supporting, measuring, and sustaining improvements for people. Our focus was on:

- **People** - How well is the local authority and local health board ensuring all people are equal partners who have voice, choice and control over their lives and can achieve what matters to them?

- **Prevention** - To what extent is the local authority and local health board ensuing the need for care and support in minimised and the escalation of need is prevented whilst ensuring that the best possible outcomes for people are achieved?

- **Partnerships** - To what extent is the local authority and local health board able to assure themselves effective partnerships are in place to commission and deliver fully integrated, high quality, sustainable outcomes for people?

- **Wellbeing -** To what extent is the local authority and local health board ensuring that people are protected and safeguarded from abuse and neglect and any other types of harm? To what extent is the local authority and local health board ensuring that robust arrangements are in place to ensure people receive a high-quality service?

2. Summary

2.1 Most people receive person-centred, strength-based support that reflects what matters to them. Practitioners use a range of accessible communication approaches, including advocacy and Welsh language provision, which supports people to participate in assessments, reviews and decision-making.

2.2 Most practitioners describe the local authority and health board as supportive places to work, with visible leadership and a strong focus on wellbeing, learning and development.

2.3 Preventative approaches are well developed in many areas. People are supported to engage in education, employment, volunteering, and community activities that reduce isolation and promote independence. Crisis prevention pathways, specialist behavioural support, targeted health promotion, and flexible use of Direct Payments contribute positively to early intervention, prevention, and a person's outcomes.

2.4 Partnership working is a clear strength, supporting collaborative commissioning and coordinated responses across the system. However, system-wide pressures limit the consistency and sustainability of integrated practice.

2.5 Access to preventative healthcare is inconsistent. Low uptake of annual health checks, variable access to primary and dental care, and inconsistent reasonable adjustments contribute to ongoing health inequalities and increase the risk that needs escalate unnecessarily.

2.6 Workforce capacity pressures in specialist health services, fragmented information systems and delays in statutory reviews affect how consistently people's needs are identified and responded to in a timely way. Improved shared oversight and integrated working are needed to sustain positive practice and improve outcomes.

3. Key findings and evidence

People

Strengths

3.1 Most people experience person-centred, strength-based support that reflects what matters to them. Practitioners use a wide range of accessible communication approaches, including Talking Mats, Makaton, Easy Read materials and pictorial aids, to support people to express their views and participate in decisions about their lives. Practitioners use AI-enabled

recording tools to accurately record people's own words, which informs better person-centred outcomes.

3.2 Long-standing, trusting relationships between people and practitioners are supported by an all-age service model, which helps maintain continuity as people move through different life stages. Practitioners demonstrate a good understanding of people's routines, preferences, and communication needs, supporting people to engage in ways that feel safe and familiar.

3.3 Advocacy arrangements provide effective support for people who need help to understand and exercise their rights. Independent Mental Capacity Advocates and Relevant Person's Representatives are used appropriately, and improved referral quality supports timely involvement. This strengthens people's voice in decisions about their care and restrictions.

3.4 A strong Welsh-speaking workforce enables people to choose to communicate in their preferred language, supporting effective assessments and reviews. However, the recording of language choice and the Active Offer is not always consistent, which limits assurance that people's preferences are recognised and sustained over time.

3.5 The workforce is experienced and well-trained with practitioners consistently reporting that CCBC and BCUHB are good places to work. There is a positive culture of both formal and informal support and learning, which is reinforced by regular supervision and ongoing development opportunities. Practitioners report that their wellbeing is prioritised by the leadership team.

3.6 Most people's Care and Support Plans are person-centred and reflect what matters to them. Records show practitioners consistently capture people's strengths, needs, and aspirations, which supports proportionate and timely decisions about care and support.

3.7 People and families are involved in shaping commissioning decisions, which helps ensure services reflect what matters to them and supports continuity. Commissioning decisions are informed by lived experience, promoting people's wellbeing and independence.

Areas for Improvement

3.8 A few carers' assessments do not consistently lead to support that meets carer's needs. **The local authority must ensure carers' assessments are routinely offered and result in practical support that meets carers' needs.**

3.9 A few social care records show gaps in follow-up and review. This includes missed or delayed reviews, long gaps in recording, or prolonged periods without

contact, even where people's circumstances were changing. **The local authority should strengthen the timeliness and consistency of follow-up and reviews, so people remain involved in decisions about their support**

3.10 The Health Board's approach to capturing people's feedback on services is not consistently accessible. Feedback systems are not suitably adapted for people with learning disabilities and their carers. Current mechanisms, including the Civica survey, do not provide a comprehensive or inclusive way to capture people's views. As a result, feedback is not routinely gathered, analysed, or used to inform learning and improvement. The local authority and health board must ensure feedback mechanisms are accessible, systematically analysed, and clearly responded to. **The health board must ensure feedback mechanisms are accessible, systematically analysed and clearly responded to.**

3.11 Workforce pressures across specialist health services, are reflective of wider national challenges, however gaps in nursing, psychology, speech and language therapy (SALT) and sensory occupational therapy reduce the timeliness and consistency of support. Practitioners told us SALT input is restricted and there is no dedicated sensory occupational therapy pathway within health services currently. Alongside rising demand, including pressures linked to Continued Health Care, these capacity gaps limit preventative, non-pharmacological support and contribute to delays in assessment and review, resulting in inconsistent support for people. **The health board should continue to review and address capacity gaps in key specialist roles to improve timely and consistent care.**

Prevention

Strengths

3.12 Conwy is a named IMPACT (Improving Adult Care Together) demonstrator for increasing employment opportunities for people with learning disabilities and is implementing inclusive recruitment and employment initiatives. This includes adapting recruitment processes and providing tailored support into paid work, which promotes independence, builds resilience, and reduces reliance on statutory services. **This is positive practice.**

3.13 The Crisis Prevention Pathway is clearly understood by practitioners and when accessed in a timely way, provides timely access to multi-disciplinary support. Daily huddles and regular multi-disciplinary meetings support early identification of risk and prompt responses to changing needs.

3.14 Specialist behavioural expertise is used well to support prevention, with practitioners working closely with the Specialist Behavioural Support Service across people's lifetimes ("cradle to grave"). Positive Behaviour Support plans are built into care records, helping practitioners respond consistently to behaviours that challenge and maintain placement stability. Practitioner involvement in research, such as the Beat It 2 study, alongside Positive Behaviour Support training, demonstrates a clear commitment to evidence-based early intervention for people.

3.15 Practitioners undertake targeted health promotion and monitoring, using communication aids to support screening and encouraging self-monitoring where this is suitable. They work with community partners, including Conwy Connect, to provide health and sexual wellbeing sessions that support prevention. Progress is monitored through outcome measures, including the Health Equality Framework, to assess whether these preventative approaches are making a difference.

3.16 Practitioners recognise that Single Point of Access (SPOA) screening, risk triage, transition pathways, housing coordination, community connectors, early diagnosis, and progression services have preventative benefits that aid independence. When these systems work well, they identify needs early and help prevent crises. However, on a few occasions people and carers experience delays or difficulties in accessing support, which can lead to unmet needs or drift in cases.

3.17 External providers report improved collaboration with social workers and describe quarterly meetings as a constructive route for raising concerns and resolving issues before escalation occurs.

3.18 Direct Payments are used flexibly to support personalised, early intervention, including within jointly funded arrangements. Assistive technology and demonstration facilities further support independence and prevent escalation of need.

3.19 There are established transition arrangements underpinned by an all-age service model. The 0–25 approach promotes continuity and aims to reduce disruption at the point of transfer between children's and adult services.

Areas for Improvement

3.20 Families told us access to support is not equitable or consistent. Support is said to often reduce after the age of 25, and some people without a formal diagnosis of a Learning Disability face barriers to accessing services. This results in uneven access to help and limits people's ability to have their needs identified

and responded to consistently. **The local authority must ensure support is delivered fairly and consistently for all people, regardless of age or diagnosis.**

3.21 Access to preventative healthcare is inconsistent. Uptake of annual health checks is low, and access to dental and primary care is variable. **Health Board leaders must ensure reliable access to preventative health interventions to reduce health inequalities.**

3.22 Limited access to primary care is a significant barrier to prevention and effective early intervention across the system. Practitioners, families, and carers describe inconsistent GP responses, difficulty securing appointments and a lack of reasonable adjustments for people with learning disabilities. They also reported reluctance from some health services to accept responsibility, contributing to delays, fragmented care, and escalation of need. As a result, opportunities for early intervention were missed, increasing reliance on specialist and crisis services. **The health board should work together to improve primary care access and strengthen shared responsibility for timely, accessible health support.**

3.23 Conwy uses a priority system to manage delays in care and support plan reviews across Disability Services. However, the scale of the backlog means some people do not receive reviews within statutory timescales, including annual reviews or timely reviews when their circumstances change. This limits the local authority's ability to identify changing needs early and increases the risk of needs escalating. **The local authority must ensure care and support plan reviews are completed in line with statutory requirements, so people's needs are reviewed at least annually, or sooner when circumstances change, and preventative action is taken at the earliest opportunity.**

Partnership

Strengths

3.24 Strategic and operational relationships are characterised by collaborative, integrated working, and respectful challenge. Partnership between the local authority and health board supports coordinated responses to risk, safeguarding and care planning in most cases. Practitioners describe open collaboration, supported by co-location, regular joint meetings and an agreed crisis prevention and management pathway, alongside a strong multi-disciplinary ethos and effective cross-agency engagement, including joint commissioning, reviews, and integrated assessments.

3.25 The majority of social care records demonstrated coordinated efforts to monitor needs, manage risk, and respond to safeguarding concerns. However, in a small number of cases, there were missed opportunities to formalise risk through clearer use of risk assessment and safeguarding processes, including consideration of escalation through the Wales Applied Risk Research Network (WARRN).

3.26 Practitioners describe strong partnership working with community and third-sector organisations to support health promotion and screening. People with lived experience are involved in a range of roles, including as health champions, co-trainers, members of interview panels and within training programmes, helping ensure services are shaped by people's experiences. Providers reported that the local authority is open to feedback and works collaboratively to resolve issues around access, safeguarding and transitions.

3.27 Employment partnerships are established and evolving. The employment coordinator collaborates with supported-employment providers to help people enter work, address stigma, and prepare for jobs. There is multi-agency support in employment settings, where coaching and training support people to develop transferable skills.

Areas for Improvement

3.28 We found that the use of multiple recording and filing platforms and paper files caused delays and information gaps within the Health Board. Staff reported information governance challenges associated with paper psychiatry files, with delays in uploading paper records and limited interoperability between systems. **The health board must review and explore ways to strengthen information sharing and record management systems, including reducing reliance on paper files, improving interoperability between platforms, and ensuring timely and accurate upload of clinical information.**

3.29 Day-to-day collaboration is often effective, but joint working is not always fully integrated. Some reviews are completed separately, including without nursing input or through isolated CHC processes, and documentation does not always clearly show shared decision-making. **The local authority and health board should address these barriers to support seamless joint working.**

3.30 Third-sector partners reported that while operational relationships are positive, the reduction in formal multi-agency forums since COVID has reduced opportunities for structured co-production and shared learning at a strategic level. As a result, lived experience and provider insight do not always reach senior decision makers in a consistent way. **Leaders should continue to strengthen formal partnership forums to ensure learning from providers and people informs strategic decision-making.**

<u>Well-being</u>

Strengths

3.31 The CLDT has a dedicated Deprivation of Liberty Safeguards (DoLS) Team. Mental Capacity Act and DoLS arrangements protect people's rights, with lawful processes and appropriate advocacy involvement. Records showed timely capacity assessments, DoLS authorisations, and best-interest decision making. Restrictive practices were incorporated into safeguarding planning, with multi-agency oversight ensuring decisions were monitored and justified.

3.32 Practitioners manage safeguarding concerns in line with the Wales Safeguarding Procedures, supported by appropriate managerial oversight and multi-disciplinary involvement. Coordinated processes enable timely identification of risk, proportionate investigation, and appropriate escalation, helping to protect people and maintain continuity of care. Structured multi-disciplinary working and established crisis pathways support effective shared decision-making during periods of heightened need and reinforce practitioners' commitment to people's wellbeing and safety.

3.33 Care planning and day-to-day risk management include detailed Positive Behaviour Support Plans informed by identified risks and health assessments, alongside appropriate use of capacity assessments and consent to treatment documentation. **This is positive practice, supporting proportionate risk management and consistent decision-making.**

3.34 Staff reported that partnership working with external services was effective. Acute liaison teams, consultant groups, police, and GPs were involved as needed during crisis escalation, supporting a coordinated and holistic response to emerging risks.

3.35 Risk management arrangements were well established for people with complex or changing needs. Practitioners identify and respond to risks through updated assessments, focused support, and regular MDT reviews. Health and social care teams work together to adapt plans as people's physical, cognitive, and environmental needs change, supporting safety and stability.

Areas for Improvement

3.36 While Mental Health Act monitoring within health records was largely compliant with statutory requirements, some weaknesses in recording and process were identified. These included gaps in documentation relating to people's rights and aspects of statutory process, which reduced assurance that rights and safeguards were consistently applied.

3.37 Delays in Community DoLS within Conwy are reflective of national pressures and mean some people experience restrictions on their liberty for longer than necessary, without timely review of whether those arrangements remain lawful, proportionate and in line with what matters to them. Although the local authority has taken steps to increase capacity and manage demand, delays remain and some people wait extended periods before reviews are completed. **The local authority must ensure Community DoLS reviews are carried out promptly**

so people's rights, voice, and involvement in decisions about their care and support are protected.

3.38 The quality of nursing reviews was variable. While some reviews are thorough and up to date, others rely on outdated information, including limited updating from earlier reviews. This results in insufficient assessment of people's current health needs and interventions. **The health board should ensure nursing reviews are up to date, person-centred, and based on current assessment of need.**

3.39 Inconsistencies were identified in the documentation and application of Mental Capacity Act (MCA) monitoring. These included gaps in recording information about people's rights and elements of statutory process, which limits clarity and consistency in how decisions are evidenced. **The health board and the local authority must strengthen joint oversight of MCA arrangements to ensure statutory requirements are consistently met and clearly recorded, safeguarding people's rights.**

4 Next Steps

4.1 CIW and HIW expects the local authority and health board to consider the areas identified for improvement and take appropriate action to address and improve these areas.

4.2 CIW will monitor progress through its ongoing performance review activity with the local authority. Where relevant we expect the local authority to share the positive practice identified with other local authorities, to disseminate learning and help drive continuous improvement in statutory services throughout Wales.

4.3 HIW will oversee the implementation of healthcare recommendations through the health board's completion of an Improvement Plan. This plan will outline HIW's findings and the agreed actions for improvement, specifying the officer responsible and the anticipated timeline for completion.

5. Methodology

Fieldwork

5.1 Most inspection evidence was gathered by reviewing the experiences of 15 people through review and tracking of social care and healthcare records. We reviewed two healthcare led records, and nine social services led records. We tracked two records of people who had received healthcare and social services support. We also reviewed two assessments of people subject to a DoLS authorisation.

5.2 Tracking a person's social care record includes where possible, having conversations with the person in receipt of social and healthcare services, their family or carers, key worker, the key worker's manager, and where appropriate other professionals involved.

5.3 We engaged, through interviews and focus groups with people receiving services and/or their carer, resulting in CIW/ HIW engaging with 18 people.

5.4 We engaged, through interviews and focus groups with local authority and local health board employees, resulting in CIW/ HIW engaging with 30 employees.

5.5 We reviewed supporting documentation sent to CIW and HIW for the purpose of the inspection.

5.6 We administered surveys to local authority and healthcare practitioners working in the Community Learning Disability Services, partner organisations, and people, including carers:

- Six surveys were completed by people with a LD and carers.
- 23 surveys completed by practitioners.
- Three surveys were completed by partner organisations.

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

6. Welsh Language

We were committed to providing an active offer of the Welsh language during this activity. The active offer was not required on this occasion. This is because the people taking part did not wish to contribute to this assurance check in Welsh.

7. Acknowledgements

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

Yours sincerely,

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Mae’r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

WG53863

ISBN 978-1-80633-948-8

Appendix 1

Glossary of Terminology

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

	supporting people to achieve their own wellbeing and measuring the success of care and support.
Co-Production	A principle of the Act which aims for people to be more involved in the design and provision of their care and support. It means organisations and professionals working with them and their family, friends, and carers so their care and support is the best it can be.
Multi-Agency working	A principle of the Act which aims to strengthen joint working between care and support organisations to make sure the right types of support and services are available in local communities to meet people's needs. The summation of the Act states that there is a requirement for co-operation and partnership by public authorities.
What matters	'What Matters' conversations are a way for professionals to understand people's situation, their current wellbeing, and what can be done to support them. It is an equal conversation and is important to help ensure the voice of the individual or carer is heard and 'what matters' to them

Appendix 2

Quantity Definitions Table

Terminology	**Definition**
Nearly all	With very few exceptions
Most	90% or more
Many	70% or more
A majority	Over 60%
Half	50%
Around half	Close to 50%
A minority	Below 40%
Few	Below 20%
Very few	Less than 10%