Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Everycare Cardiff Ltd

Everycare (Cardiff) Ltd, 28-30, Carlisle Street, Cardiff, CF24 2DS

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www.everycare.co.uk/cardiff

The inspection visits for this service took place between 04/02/2026 and 06/02/2026

Service Information:

Operated by:	Everycare (Cardiff) Limited
Care Type:	Domiciliary Support Service
Provision for:	Supported Living
Registered places:	0
Main language(s):	English
Promotion of Welsh language and culture:	The provider makes an effort to promote the use of the Welsh language and culture or is working towards a bilingual service.

Ratings:

Well-being	Good
Care & Support	Requires Improvement
Leadership & Management	Requires Improvement

Summary:

Everycare (Cardiff) Ltd provides care and support for adults and children living in their own homes across Cardiff, the Vale of Glamorgan and Gwent. This report reflects people's experiences across these areas. The main operational office is in Cardiff.

Well-being outcomes for people are good because the service provides person-centred and compassionate support that helps people feel safe, valued and in control. Care staff build positive relationships, and people consistently describe them as supportive, respectful and kind. The diverse workforce brings cultural richness and supports effective communication. People feel listened to, informed and confident to raise concerns, and satisfaction surveys show consistently positive feedback.

Care and support require improvement. Personal plans and risk assessments are not always current, strengths-based or signed by people to confirm their involvement. In some cases, assessments and reviews do not contain enough detail or timely updates after changes in people's needs. Continuity of care is inconsistent; some people are supported by several care staff, which can affect reassurance and trust. Medication practice is generally sound, but documentation and changes in people's medication support must remain under close review.

Leadership and management require improvement. The Responsible Individual (RI) visits regularly and seeks feedback; however, the quality assurance systems and audits are not robust enough to identify and address issues at an early stage. This is because the audit tools lack sufficient detail and meaningful analysis, and some key matters are not consistently recognised. The provider has assured us that they will strengthen oversight to ensure the quality and safety of the service are monitored accurately and effectively. Recruitment, training, and supervision arrangements are in place and support safe practice.

Findings:

Well-being — Good

Overall, people experience good well-being outcomes because Everycare provides person-centred, consistent and compassionate support that helps people feel safe, valued, and in control of their daily lives. People are encouraged to be involved in decisions about their care, and their preferences are respected. Some people benefit from meaningful social opportunities linked to their interests, which promote inclusion and independence. We also noted that care staff made a significant effort to plan and attend social events that were highly meaningful for people, demonstrating practice that goes above expected standards.

People experience strong well-being outcomes because care staff build positive relationships and treat people with dignity and respect. Individuals told us care staff are *"brilliant and go above and beyond"* and *"really supportive"*, and relatives expressed confidence that their loved ones are well cared for. People feel listened to and informed, and they can share views through surveys, meetings and direct contact with the office. Recent surveys report consistently positive feedback from people, relatives and care staff, which supports our judgement. Communication with external professionals is effective and contributes to a partnership approach.

Safeguarding arrangements are effective. Records are maintained appropriately, and referrals are made when required. People told us they feel safe and know how to raise concerns. The service has a stable workforce, which helps care staff know people well and contributes to safe and consistent safeguarding practice. No formal complaints have been recorded. Informal concerns were addressed promptly, and people told us they felt listened to. Before starting the service, people receive a thorough assessment to ensure the provider can safely meet their needs. Clear arrangements are in place to inform care staff of any identified risks, including personal emergency evacuation plans (PEEPs). These guide care staff on how to support people with limited mobility to evacuate safely if needed.

At the time of inspection, there were no Welsh-speaking people using the service or care staff. Bilingual information is available on request; however, the Active Offer requires strengthening so that people can receive care in Welsh if they wish. The workforce is highly diverse, with care staff speaking a range of languages that reflect different cultures and backgrounds. This brings strength, cultural richness and improved communication to the service.

Care & Support — Requires Improvement

People can be confident they will receive clear information about the service, including what they can expect and how to raise a concern. The manager will also provide each person with a written letter confirming the suitability of the service and explaining how they can end the service if they choose to.

People receive care that promotes positive outcomes, but inconsistencies affect the quality and safety of support. The provider assesses people's needs before the service begins to check the service is suitable. People told us they contribute to their personal plans; however, plans are not always signed, which limits clear evidence of their involvement and agreement. People's interests, culture and past life are recorded, but personal plans are not always strengths-based or reflective of what people can do independently. Personal planning and risk management require improvement. Some personal plans and risk assessments are basic, incomplete or out of date, and important assessments are missing for people with complex or changing needs. Reviews take place regularly, but some actions are not implemented, leaving written plans inaccurate. This increases the risk of incorrect care, particularly for new care staff. Care staff know people well, and the stable workforce means people experience positive, consistent relationships. However, written records cannot be relied upon to guide safe practice. The service remains too dependent on verbal handovers instead of clear, up-to-date documentation. Strengthening written guidance is essential to ensure safe, consistent and person-centred care. Outcomes for people require improvement, and the provider assured us they will take prompt action to ensure personal plans accurately reflect people's needs and associated risks.

Referrals for health and specialist input are generally made at the right time, and people benefit when this happens. Most people experience timely access to healthcare professionals. However, practice is not always consistent. We noted instances where there were delays in escalating health concerns. This increases risk and means people's emerging needs are not always responded to promptly, which affects their well-being. Overall, medication practice is managed appropriately. However, documentation and updates following any changes in medication or support must remain under close review. Personal plans and risk assessments should be updated promptly so they clearly set out the level of support each person requires to guide care staff.

Continuity of care varies. Some people experience a stable team, while others are supported by several different care staff. Although people may have been supported by certain care staff previously, they do not see them regularly, so they are unfamiliar. This can be unsettling and may affect reassurance and trust, particularly for people with memory impairment. We noted a few irregular call visit durations and unresolved electronic call alerts and medication alerts from the

previous day that had not been checked. Explanations were provided; however, management oversight has not been robust enough to ensure prompt review and action. Regular audits of care records take place, but they do not fully review call timings, visit durations or the quality of daily entries, and they do not identify emerging trends. Without this structured oversight, the management team does not have a full picture of practice and may not always identify risks early. People's outcomes require improvement, and the provider has assured us they will review rota planning and staff allocation to reduce unnecessary changes and improve predictability, continuity and trust.

People told us they feel confident to raise concerns, and no formal complaints have been recorded since the last inspection. Informal concerns are listened to and resolved appropriately. The service has made safeguarding referrals when required, ensuring concerns are reported and acted upon. Care staff receive safeguarding training and understand the types of abuse and neglect, as well as their responsibility to raise concerns promptly. The service uses an electronic system to record concerns and any changes in people's health or well-being. This system is monitored effectively by the office, ensuring timely oversight and responses.

People are protected as much as possible from the risk of infection because care staff follow good hygiene practices. Care staff are provided with uniforms and appropriate personal protective equipment (PPE), which they use consistently to promote effective infection control. People told us that staff wear PPE during direct care and dispose of it appropriately. Care staff complete infection control and health and safety training, and they understand the importance of preventing infection and the risks associated with poor practice. An infection control policy is in place, and it is updated whenever national guidance changes to ensure staff follow current best practice.

Leadership & Management Requires Improvement

The manager feels well supported by the Responsible Individual. They receive regular supervision and additional peer support from an experienced manager within the organisation. The manager told us they also seek peer support through local domiciliary care networks and forums. People told us office staff are *"helpful, responsive and confident"* in addressing any issues raised.

The provider's oversight and governance arrangements support a positive and compassionate culture. The RI visits regularly, seeks people's views, and reports show people are consistently satisfied with the service. The RI's quality-of-care report is detailed but would benefit from stronger analysis of themes, aggregated data and clearer actions to support continuous improvement. The service also seeks views through formal surveys, and results show good levels of satisfaction and positive feedback about the care provided.

Quality assurance requires strengthening. Since the last inspection, the provider introduced new audit tools; however, they were not sufficiently detailed and lacked meaningful analysis. As a result, key issues such as variability in care planning and gaps in risk documentation were not identified early, which was a missed opportunity for timely action. This will remain an area for improvement. The provider has assured us that immediate steps will be taken to strengthen audit arrangements, so the quality and safety of the service are assessed and monitored robustly.

There are safe recruitment and vetting arrangements in place to protect people from harm. Robust systems ensure care staff are suitable to work in the care sector, and all care staff are appropriately registered with Social Care Wales. Care staff receive contracts of employment, and most are employed on zero-hour contracts, which are reviewed every three months to consider whether fixed hours are more appropriate. Care staff receive regular support through supervision, and their practice is monitored through spot checks. Team meetings provide opportunities for care staff to share views, seek clarity and contribute to service development. Staff described the service as "supportive, flexible and well led," with good teamwork and a positive working environment.

Since the last inspection, there has been a clear improvement in training opportunities for care staff. The provider offers online and face-to-face learning in a designated training room, and the programme has expanded to include both mandatory and condition-specific training. Care staff told us they receive the training they need, and people confirmed care staff understand and respect their needs and condition.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

Summary of Areas for Improvement	Date identified
The provider must strengthen oversight of the call-management system to ensure people consistently receive care from a familiar staff team, supported by accurate and dependable recording by care staff.	04/02/26
The provider must ensure sufficient, person-centred information is available to enable care staff to understand how best to support individuals and mitigate risks. Care documentation must be kept up to date and reflect any changes in a person's needs or well-being, ensuring personal outcomes are achieved and risks are appropriately reduced.	04/02/26
The service provider must ensure that effective audit systems are in place to evaluate the quality and safety of the service, and to identify patterns and trends so that timely and appropriate action can be taken.	29/07/24

CIW has not issued any Priority action notices following this inspection.

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