Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

We Kare Ltd

Regus House , Malthouse Avenue , Cardiff Gate Business Park , Cardiff , CF23 8RU

02921 880508

www.wekare.co.uk

The inspection visits for this service took place between 02/07/2026 and 09/07/2026

Service Information:

Operated by:	We Kare Ltd
Care Type:	Domiciliary Support Service
Provision for:	Supported Living
Registered places:	0
Main language(s):	English
Promotion of Welsh language and culture:	The provider is not promoting the Welsh language and culture needs of people, and this requires improvement.

Ratings:

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

Summary:

Since the previous inspection, the service has implemented significant changes to its leadership and governance structure, including the appointment of a new Director and proposed Responsible Individual (RI). The service continues to identify areas of improvement and are slowly introducing changes to strengthen the quality of care and support.

Well-being is good and people and their relatives spoke of the service with very high regard. People told us several examples of how the care staff go above and beyond ensuring their needs and outcomes are met. Information sharing needs to be improved to ensure people are fully informed in a way that meets their needs.

People praised their consistent care staff who know them well and understand their needs. Plans, risk assessments and medication documents are in place although require updates to ensure they reflect the person's current needs. Care and Support is good.

People benefit from some positive aspects of the service during a period of transition. However, oversight systems need strengthening to ensure areas requiring improvement are identified and acted upon in a timely way. Leadership and management require improvement.

Findings:

Well-being — Good

People live safely and happily with control over their lives. Everyone we spoke to told us they are regularly involved in their care and communication is good. People are informed of any changes, including last minute changes to call times. People have access to information about the service, including the service user guide and complaints procedure. However, information is not always available in formats that meet people's individual communication needs, such as those with hearing or sight impairments. In addition, people do not always have a service agreement in place to ensure they understand the terms and conditions of the service.

People are happy with their support and their independence is promoted. Personal plans reflect people's wishes, interests and individual outcomes. People enjoy a range of meaningful activities including, going to social clubs, the beach, gardening and going on holiday. People describe the care staff as going above and beyond to ensure all their needs are met. We heard examples of care staff changing their working hours to ensure people can do the things that are important to them, providing emergency support outside of their usual shift plan, supporting people to take care of their health through appointments as well as helping manage pets and plants.

People told us their health and well-being has improved as a result of the support they receive. Care staff know people well and promptly identify and respond to concerns, involving relevant health and social care professionals when needed. An outcomes log is used to monitor people's progress towards their goals and aspirations. The management team is further developing this tool to ensure both significant achievements and smaller personal outcomes are consistently captured and celebrated.

Care & Support — Good

People praised their care staff for their commitment and consistency. They told us, "*They're on time and do what they need to do,"* "*They're really looking after me,"* and *"I'd be lost without them."* Daily records show care staff provide the required care as outlined in the persons plan, daily records are accurate and up to date. Risk assessments identify most areas of risk, and the service provider is strengthening these to ensure they include more detailed, person-centred measures. Personal plans are in place; these provide a good level of information to help staff understand what the persons support needs are. People told us their care is regularly reviewed with them. Care staff told us electronic plans are regularly updated, and changes are quickly made when needed. However, we found copies of personal plans kept in people's homes are not always up to date, meaning care information is not consistently accurate. The provider has recognised this and is taking steps to address it.

People told us they are supported to attend appointments when needed. They told us that their health has improved as a result of the support they receive. Some people said they no longer require regular health professional support due to progress they have made. One person told us a health professional congratulated them on their progress they said, "*It's not me, it's my carers.*" We saw regular and consistent records in place that reflects the support required. Medication Administration Records (MAR) are in use and care staff record when medication is provided. However, some records were incomplete, such as allergies and the registered GP surgery. Care staff need to know this information to be able to identify concerns and appropriately seek support. The service provider informed us there are plans in place to improve oversight of medication to enable regular and thorough spot checks.

People told us they feel safe and are confident reporting any matters. One person said if there's an issue *"I will speak out and say it."* Care staff understand their safeguarding responsibilities and told us they can easily access their line manager. A staff messaging group aids timely communication, one staff member said, "*We get an immediate response."* The proposed RI told us they ensure all Disclosure and Barring service (DBS) checks are completed before staff begin work and said, *"That was the first thing I did."* Incident records show prompt action is taken to support people to get the right help when they need. However, we note there is no evidence to show information has been reported to relevant external agencies such as safeguarding, the police and Care Inspectorate Wales (CIW). The service is aware of their responsibilities and taking steps to report any previous areas of concern and will take the required action moving forward.

Leadership & Management Requires Improvement

People are supported by a consistent staff team who know them well. Several people told us they've been supported by the same carer for several years and developed very good relationships. People praised their care staff describing them as "*Absolutely brilliant," "Fantastic,"* and "*They're grand."* Care staff told us they feel well supported through regular supervision, training and spot checks. Training records show staff receive appropriate training and the provider is seeking additional specialist training to meet people's individual needs and conditions. Care staff files evidence care staff are vetted prior to employment; the service is seeking additional references where appropriate. The provider has identified a need for some care staff to achieve relevant qualifications and register with Social Care Wales, the workforce regulator, and this is ongoing.

There is an electronic system in place to manage the smooth day-to-day operations, it is used to schedule visits, monitor care delivery and generate alerts to support oversight. The proposed Responsible Individual told us they are undertaking training to ensure they can effectively monitor and review service performance. Most care staff told us they receive sufficient travel time in between calls. People told us care staff stay the required time and they accurately record the times they are present. However, we found visit schedules do not always reflect actual call times, and the provider is taking steps to improve the accuracy of records and scheduling. Ongoing work is required to ensure care staff have appropriate contracts in place, and any zero hour's contracts are reviewed. Care staff require greater clarity regarding the service structure, roles and responsibilities, and the future direction of the service as changes to leadership arrangements continue.

There has been no registered RI for several months. The proposed RI has identified a range of improvements to strengthen governance, oversight and the day-to-day operation of the service, and their application is currently being considered by Care Inspectorate Wales. An action plan is in place to monitor progress and support ongoing service development. While leaders demonstrate a commitment to improvement, we identified areas requiring action across a number of themes. Current governance and quality assurance arrangements have not always been effective in identifying areas of non-compliance or driving timely improvement. Consequently, leadership and management require improvement. We expect the provider to take action to strengthen oversight and ensure sustained improvements for people using the service.

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 service must ensure effective governance processes and quality assurance systems are in place to identify areas across the service that require improvement and enable timely action to be taken	02/07/26

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

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