Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Cheerful Elegant Healthcare Ltd

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The inspection visit took place on 02/06/2026

Service Information:

Operated by:	Cheerful Elegant Healthcare 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	Requires Improvement
Care & Support	Requires Improvement
Leadership & Management	Requires Significant Improvement

Summary:

Cheerful Elegant Healthcare is a domiciliary service which provides care and support to people in their own homes. The service is predominantly operating in the Cardiff and Vale area but is also operating on a smaller scale in the Gwent area. Unless we cite otherwise the report is reflective of findings for both footprints.

Well-being requires improvement because, although people benefit from caring and compassionate support from care workers and feedback about care workers was largely positive, we received mixed feedback regarding aspects of service delivery.

Care and Support requires improvement because while people are supported by regular care workers people's personal plans and risk assessments contain limited, inconsistent or unreliable information. We found people's preferences regarding the gender of their care workers has been respected.

Leadership and management requires significant improvement due to weak oversight, inconsistent risk monitoring, and poor auditing processes. Core training compliance, and the reliability of governance documents used to demonstrate the Responsible Individual's oversight of the service also require urgent attention.

We acknowledge the provider has told us they have started to address the issues identified in inspection.

Findings:

Well-being — Requires Improvement

People are treated with dignity, respect and compassion by care workers who demonstrate empathy and kindness in their roles. Although feedback about some aspects of service delivery was mixed, comments about care workers were largely positive.

People consistently described supportive relationships with regular care workers. Comments from both footprints highlighted that people like their regular care workers because they are kind, and compassionate. Feedback from both footprints indicated care workers know people well and provide support in a caring and considerate manner. We found care workers were motivated in their roles and wanted to provide a good standard of care.

The provider advised outcome goals have been introduced in both footprints following feedback from the previous inspection. Records viewed included person-centred goals such as remaining at home, accessing the community and maintaining relationships with pets. This represents a positive step towards capturing what matters to people. However, further development is needed to strengthen the review of outcomes in both footprints. For example, reviewed outcomes were identical for two individuals in both footprints despite differing circumstances. We also found records did not always reflect progress made. In one example, documentation did not show a community access goal had been achieved, despite daily records demonstrating this was occurring (Cardiff and Vale).

People and their representatives told us they would contact the service if they wished to raise concerns or issues. The provider explained visits are carried out in people's homes to gather views about the support provided and shared completed feedback surveys. Some people and representatives confirmed they had participated in reviews of care. However, recording of review discussions requires improvement to provide a clear audit trail and demonstrate how people's views influence care planning and delivery.

Most people described members of the leadership team as approachable and friendly. However, several individuals and representatives reported feedback was not always acted upon following discussions with the service. This can leave people feeling their views have not been fully considered. The provider stated no complaints or concerns had been received in either footprint, which did not align with feedback gathered during this inspection.

Systems for identifying and managing risk require strengthening. Risk assessments were not

always available where expected, including for time-sensitive medication. In addition, reviewed manual handling risk assessments did not contain sufficient individual information for care workers.

We received limited feedback from professionals for Cardiff and Vale, feedback obtained was positive. We did not receive any professional feedback for the Gwent footprint. The provider shared compliments from Cardiff and Vale professionals who expressed appreciation for support provided in complex situations.

Care & Support — Requires Improvement

People and their representatives generally spoke positively about care workers and described them as caring and supportive. However, they also reported several shortfalls in service delivery which have negatively affected their wellbeing and experience of care.

One person told us they had been supported by a care worker who had not completed their induction training, making the care visit less effective. Records confirmed not all care workers had completed essential training during induction. This includes manual handling and first aid training. In addition, one person and their representative reported unsafe manual handling practices, and ineffective dementia training (Cardiff and Vale). Furthermore, we were told by some care workers for both footprints they are completing manual handling without prior training. These findings do not provide assurance all care workers have the knowledge and skills needed to meet people's needs safely and effectively.

The service has a detailed medication policy. However, we identified an incident within the Cardiff and Vale footprint, where medication was administered by care workers without appropriate written prescriber authorisation being available in accordance with the provider's medication policy. We acknowledge the provider addressed this following inspection feedback and subsequently obtained confirmation from the person's GP. This demonstrates the need for stronger oversight of medication management processes to ensure policies are consistently followed.

We observed staff wearing personal protective equipment (PPE) correctly and found they had access to sufficient supplies through the central office. We also found where people had expressed a preference regarding the gender of their care workers, this had been respected.

Communication was a significant concern across both footprints. Of the people and representatives spoken with, many reported communication difficulties with care workers affecting the quality of care and support they received. Comments included, "*I don't think they understood me*." (Cardiff and Vale). Therefore, we cannot be assured communication skills are being effectively assessed through recruitment processes.

Most people and their representatives said care workers completed the tasks set out in personal plans. However, feedback highlighted inconsistencies in care delivery. While some people said care workers stayed longer when additional support was needed, others reported bed-time calls taking place earlier than preferred. Some people also said care workers arrived late or did not stay for the full duration of their calls, this mixed feedback was consistent across both footprints.

Care workers are able to recognise and record changes in health and wellbeing. However,

concerns remain regarding how this information is acted upon by the provider.

All personal plans reviewed across both footprints contained limited detail and unreliable information, meaning care workers may not always have access to up-to-date guidance about people's needs. Risk assessments are inadequate or missing in key areas such as complex health conditions, manual handling, medication and skin integrity.

Leadership & Management

Requires Significant Improvement

People are not consistently supported to achieve their personal outcomes because organisational arrangements, governance and oversight require significant improvement**.**

Systems for identifying, capturing and managing organisational risks are not consistently effective. The provider does not adequately analyse trends and patterns arising from incidents, accidents, complaints and safeguarding concerns. As a result, opportunities to identify learning, prevent recurrence and improve practice are missed. For example, personnel audits undertaken by the service failed to identify approximately half of the workforce were not registered with the workforce regulator, Social Care Wales. We acknowledge the service is now addressing this finding.

We found limited evidence quality assurance processes were effective in identifying gaps and inaccuracies across key areas of the service. These included personal plans, reviews, risk assessments, daily records, medication management, call monitoring, staff training, accidents, safeguarding incidents, staff competency assessments, complaints, staff rotas, call scheduling and delays in notifications to CIW.

Care workers are recruited safely, and appropriate pre-employment checks are completed. However, the service employs a high number of sponsored care workers, and we were not assured communication skills are being sufficiently assessed as part of recruitment and ongoing competency processes.

Training compliance was low in some key areas. This increases the risk people may not receive care and support from care workers with the knowledge and skills required to meet their needs safely.

Care workers told us they enjoy their roles and feel supported by the service. The provider advised they are an inclusive company and will celebrate religious events with care workers and their families. The provider advised they are not currently using agency workers, and we saw evidence there is generally good continuity of care workers for people.

Reviewed supervision records lacked sufficient detail to demonstrate effective oversight, reflection on practice, identification of training needs or opportunities for professional development. This restricts the provider’s ability to identify trends, address concerns and drive improvement.

We did not observe protected breaks within staff rotas and identified examples of unrealistic travel times between calls. One care worker told us they regularly took their breaks in their car due to scheduling arrangements.

We identified significant concerns regarding the reliability of some records submitted during the inspection process. Due to the seriousness of the concerns identified as outlined, we issued a

Priority Action Notice and expect immediate action to address the areas requiring improvement.

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.

CIW has no areas for improvement identified following this inspection.

Summary of areas for Priority Action	Date identified
The service provider has failed to demonstrate sufficient governance and oversight of the service to ensure that people are protected from harm.	02/06/26

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