Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Five Star Home Care Limited

Unit 5, Pro-copy Business Centre, Parc Ty Glas Llanishen, Cardiff, CF14 5DU

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The inspection visits for this service took place between 19/08/2026 and 27/08/2026

Service Information:

Operated by:	Five Star Home Care Limited
Care Type:	Domiciliary Support Service
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 Significant Improvement

Summary:

Five Star Home Care Ltd provides domiciliary care and support for adults in their own homes, helping people maintain their independence, well-being and involvement in their local communities.

'Well-being' is rated 'Good' because people consistently told us they receive caring, respectful and compassionate support from staff who know them well and help them achieve outcomes which matter to them.

'Care and support' is rated 'Requires Improvement' because although people generally receive the care they need, weaknesses in care planning, risk management, medication management and record keeping mean the provider cannot consistently demonstrate safe and effective support.

'Leadership and management' is rated 'Requires Significant Improvement' because governance, oversight and quality assurance arrangements have not consistently ensured the service operates in line with its Statement of Purpose or regulatory requirements. New leadership arrangements and improvement plans are beginning to drive positive change, however, there is a significant and longstanding history of poor progress and sustainability of improvement.

Findings:

Well-being — Good

People experience many positive outcomes and are supported by staff who know them well. During our inspection, we spoke with people using the service, observed care being delivered and reviewed records. People consistently described staff as "*caring*," "*respectful*," and "*professional*." One person told us they would "*Recommend the service because the staff are friendly, respectful and supportive*." We observed warm and relaxed interactions between staff and people receiving support, with care delivered at the person's pace and with consideration of individual preferences.

People are encouraged to maintain their independence and do things which are important to them. We saw examples of people being supported to attend appointments, access their community and maintain meaningful relationships. Records and discussions with people demonstrate the service often goes beyond commissioned care arrangements to help people achieve outcomes which matter to them. For example, people described positive experiences of support to attend appointments and family visits. One person told us how they were highly supported to achieve a very personal goal, with capable support from a care worker who gave positive encouragement throughout the day.

People generally feel safe and told us they receive reliable support. Call monitoring records we reviewed support people's comments that care visits usually take place as planned. People told us, "*I'm never left without care*" and described punctuality as "*pretty good*". Where two care workers are required, we verified through records and observations this support is mostly provided.

We found several people did not have up-to-date information available in their homes, including current service user information, a statement of purpose or personal plans. This reduces people's ability to make informed choices and fully understand the service they receive. Improvement is required to ensure people have access to accurate and current information about their care and support. There is no current impact, and people have access to the service telephone number, and don't hesitate to contact the manager if there are questions they want answered.

Professional boundaries need to be strengthened to protect people's emotional well-being and ensure they are not burdened by organisational issues. People told us staff discuss staffing shortages, work pressures and internal service matters with them.

The service can offer some care delivery through the Welsh language as part of the Welsh Active Offer.

Care & Support — Requires Improvement

People generally receive care and support which helps them meet their day-to-day needs and achieve personal outcomes. During our inspection, we observed positive and compassionate care being delivered. Staff communicated well with people, encouraged choice and promoted dignity. We heard staff asking questions such as, "*Would you like your hair washed today*?" and offering choices regarding daily routines. People told us staff usually understand their preferences and support them respectfully.

We found positive examples of staff responding to health needs and supporting access to healthcare professionals, but monitoring of care delivery and escalation of concerns around this could be improved. Records show referrals to relevant professionals have been made where required, and people describe receiving support to attend appointments. We also observed staff supporting skin care needs appropriately and encourage independence wherever possible. We observed one example where a person had been left incorrectly positioned in a wheelchair with a sling remaining in place. This had the potential to impact comfort, safety and skin integrity. Although the issue was subsequently addressed, it demonstrates weaknesses in escalation processes as this had not been raised with the office.

Further improvements are required to ensure care planning and risk management consistently support safe practice. We reviewed a number of personal plans and found some contain contradictory information, lacked sufficient detail or had not been reviewed in a timely manner. We found examples where risk assessments relating to bedrails, mental health needs, blood thinning medication and high-risk medicines are absent or insufficiently detailed. There is also insufficient detail around meal preparation and risks associated with this. During one home visit, we found out-of-date, high-risk food items in a fridge despite staff providing meal preparation support. Staff could not clearly explain their responsibilities regarding food safety checks. People are at risk of not receiving the right care and support due to weak personal plans and related assessments. This continues to be an area for improvement, and we expect the service provider to take action.

Medication management requires strengthening. Although people generally told us they had no concerns regarding medicines and we saw improved medication recording and auditing, we continue to identify weaknesses in systems and oversight. We found an example where a tablet had potentially not been administered. We also found unclear arrangements regarding monitoring and re-ordering medication stock. One person's supply of prescribed pain medication had reduced to a level which presented a risk of interruption to treatment. We found conflicting information within personal plans relating to medication. There is limited evidence of robust medication competency assessments for staff. This continues to place people at risks of inappropriate support with medication, therefore an area for improvement remains in place and we expect the service provider to take further action to address the issues.

Overall, people generally receive caring support which meets many of their needs due to consistency in care staff who know people's preferences. However, longstanding weaknesses in assessment, planning, medication management, risk assessment and record keeping mean the service cannot yet demonstrate consistently safe and effective care.

Leadership & Management

Requires Significant Improvement

Leadership and management arrangements require significant improvement. While we found evidence of commitment to improvement and some positive recent developments, governance systems have not been sufficiently effective in identifying, managing and resolving longstanding concerns within the service.

Systems of monitoring and improving need strengthening. Evidence gathered through discussions with people, staff interviews, records and observations show monitoring systems do not consistently identify issues found during inspection. We found people do not always have access to personal plans, documentation is fragmented, risk assessments are not consistently reviewed, and quality assurance processes are not identifying all concerns raised by people. Auditing systems, call monitoring processes and notification to external authorities arrangements also require improvement. The monitoring and improving of the service was highlighted as an area for improvement at the last inspection. As insufficient progress has been made with this, and people remain at risk of not receiving a safe and suitable service, this area for improvement remains in place and we expect the service provider to take action.

Staff recruitment and development requirements need improvement; and staffing arrangements continue to impact management oversight. Recruitment processes require strengthening. Although appropriate checks are generally completed, we found an example of a reference which had not been sufficiently verified and employment history gaps which had not been fully explored. Several staff development requirements remain unmet, including robust induction arrangements, consistent supervision, competency assessment and enhanced safeguarding training. Records and rotas show the registered manager spends substantial time covering care calls in the community due to staffing shortages, contrary to specifically required conditions to evidence and demonstrate management presence to support the recovery of the service performance. While this helps ensure people continue to receive care, it reduces opportunities for management oversight, staff development and quality assurance activities. People are at risk of not receiving a safe and adequate service. An area for improvement around staff development has not been met and remains in place at this inspection. We expect the service provider to take action to address the improvements required.

A positive development has been the increased involvement of the proposed Responsible Individual (RI), who has introduced new oversight tools, quality monitoring arrangements and plans for service improvement. We saw evidence of staff consultation, quality assurance activity and a developing governance framework. Leaders demonstrate awareness of many of the service's

shortcomings and are able to describe actions being taken to address them. Quality of care reviews required by the regulator are being completed, which is an improvement since the last inspection. These reports reflect many of the service's challenges in an open and honest manner and are supported by a plan to secure improvement. Despite this, governance systems are not yet embedded or fully effective with evidence of weaknesses in personal planning, governance, risk management, medication management, staffing capacity, recruitment practices, quality assurance arrangements, information available to people, and professional boundaries. We continue to find a gap between what the service provider commits to delivering as recorded in the ‘statement of purpose,’ and what is actually being delivered. This is placing people at risk. A priority action notice remains in place, and we expect the service provider to take immediate action to make the required improvements.

Overall, although there are encouraging signs of improvement and a clear commitment from leaders to address concerns, the service remains subject to enforcement processes and governance failings remain significant. Improvements need to be implemented and embedded. There will be a final opportunity for the service provider to demonstrate improvement at the next inspection to prevent further enforcement action being taken.

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
People's wellbeing outcomes are at risk because shortcomings in care documentation, review processes, and incident management significantly compromise the provider's ability to deliver safe, effective, and person-centred care. Poor alignment between documentation and actual care practices create ambiguity for staff, increasing the likelihood of errors and omissions.	21/10/22
People's wellbeing outcomes are at risk because the service provider does not support staff adequately. Staff lack regular supervision, competency checks, and timely training, which potentially puts people at risk of not having their needs met appropriately.	13/06/23
People's wellbeing outcomes are at risk because there are ineffectual systems in place to monitor the service and identify improvements required, which impacts the services ability to identify areas of risk for people and staff.	21/05/24
People's wellbeing outcomes are at risk because the service provider cannot be assured, they have clear arrangements for the effective oversight of safe medication administration. As a result, people are at risk of not having the medication needs met.	14/11/23

Summary of areas for Priority Action	Date identified
People's wellbeing outcomes are at risk because the service is not being delivered in line with the Statement of Purpose or organisation's policies and procedures. The service provider lacks sufficiently effective governance and oversight to protect people from harm. Their systems for auditing, quality of care review, call monitoring, care documentation, medication, and staff	14/11/23

recruitment, development, and support are insufficient. As a result, people may receive inadequate care.	

Mae’r adroddiad hwn hefyd ar gael yn Gymraeg

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