Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Pride in Care Ltd

Pride In Care, Unit 7, Woodfieldside Business Park Penmaen Road, Blackwood, NP12 2DG

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The inspection visits for this service took place between 22/09/2026 and 12/10/2026

Service Information:

Operated by:	pride in care ltd
Care Type:	Domiciliary Support Service
Provision for:	Care and support for adults
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	Good

Summary:

Pride in Care Domiciliary Support Service provides care and support to people in their own homes within the Caerphilly and Blaenau Gwent areas.

At this inspection wellbeing is rated as good. Many people are treated with dignity and respect and generally have positive experiences of the service although some people told us their experience can vary when regular carers are unavailable.

Care and support is also good because overall people receive adequate consistency of care and people told us they particularly value the relationships they have with regular care workers.

Personal plans have significantly improved and are a strength of the service. These plans are strengths based and outline how staff should support people to achieve their well-being outcomes and consistently include their preferences, routines, and beliefs.

Leadership and management is good. The service has established leadership and quality assurance arrangements. The Responsible Individual (RI) is actively involved and monitors service quality. Further strengthening direct engagement with people, relatives and care workers will improve independent oversight of people's experiences. People are supported by care workers who are appropriately recruited, trained and supported. Care workers generally spoke positively about the management team and the support available to them.

Findings:

Well-being — Good

Well-being is good because overall, the care and support provided helps people with their physical, mental and emotional well-being. People experience kind and respectful care which supports their independence, health and relationships. We saw particularly positive examples of care workers knowing people well and building meaningful relationships with them. Many care workers told us how much they love their jobs and providing care to people. People told us how care workers go over and above to support for them in their preferred way. Although people's experiences are not consistently positive because, some people have mixed experiences of the service, which they told us happens when their regular carers are not available. Some people told us they did not always know which care worker would visit them and that allocations could change at short notice. One person told us, *"I want to know who's coming and when*". Another described having *"different people all the time"*. While we observed positive and friendly relationships, some people and relatives said some care workers focused mainly on completing tasks and did not always take time to talk with them. Despite this people generally spoke positively about the care they received and the care workers who supports them. The RI told us about their updated recruitment strategy, which has been amended to focus upon retention of care workers to further support continuity of care and wellbeing outcomes for people.

People are generally protected from abuse and neglect and evidence showed staff understood safeguarding responsibilities and how to report concerns. Staff told us they would report suspected abuse or neglect to the office and expressed confidence that action would be taken.

People are supported to maintain important relationships and connections with others. Personal plans contained information about important people in individuals' lives, their histories, hobbies and interests. During visits we saw care workers using this knowledge to engage people in meaningful conversation. Relatives also described positive relationships between people and regular care workers, including friendly conversation and humour which helped people to feel comfortable and at ease during visits.

People can express their views about the service, and there are examples of the provider responding positively when concerns are raised. One relative described how concerns about visit times, shortened calls and changes of care workers were listened to and resulted in an action plan, changes to visit times and improved continuity. However, feedback from other people shows their preferences about who provides personal care have not always been acted upon. This means people's voice does not yet consistently influence their day-to-day experience of the service.

Care & Support — Good

We rate care and support as good because people generally receive good quality care and support which reflects their individual needs and preferences. People spoke very positively about the quality of care provided by regular care workers who knew them well, describing some as *"fabulous", "fantastic"* and *"kind".* People told us how they felt care workers went over and above to support them. Although, people told us this experience is not always consistent when unfamiliar care workers provide support. We were told *"Some (staff) are better than others",* and some **"***just come in, do what needs to be done and go."* Relatives also told us about the differences in how care workers engage and how well expected care tasks were completed. We read reports completed by the provider which showed that, although people receive support from different care workers, the majority of their care is provided by a small group of regular care workers to maintain familiarity and continuity.

We saw a significant improvement in the quality of personal plans. These are clear, well laid out, detailed and provide care workers with information about how people wish to be supported. The plans we sampled all contained information about people's routines, preferences, communication, life histories and the people who are important to them. They describe what people can do for themselves as well as where they require support. Risk assessments are also personalised and linked to people's care needs.

People's care and support is reviewed, and changes are made where needed. Reviews show people are involved and consider whether their outcomes remain appropriate or whether new outcomes are needed. We saw evidence that feedback about care arrangements had resulted in changes. A relative of a person receiving care told us where concerns had been raised about the timing and duration of visits, an action plan was introduced which resulted in improved visit duration, continuity and quality of care.

Daily care records are made by care workers using an 'app' during their care visits and generally provide a good picture of the support people receive. The records we read were personalised and included information about people's choices, mood and presentation as well as the care tasks completed.

People are protected from harm and abuse. All care workers receive training in safeguarding and those we spoke to all demonstrated a clear understanding of their safeguarding responsibilities and knew how to report and escalate concerns, including concerns involving other care staff.

Leadership & Management — Good

Leadership and management is good because people benefit from established leadership arrangements which support ongoing improvement of the service. The RI is visible within the service and takes an active role in its leadership and management. The RI completes statutory visits and considers information from audits, management reports and quality assurance processes. However, statutory monitoring did not provide clear evidence that the RI routinely gathers the experiences of people, relatives and care workers directly. The RI provided assurance that direct engagement will be embedded into future monitoring. This should strengthen independent oversight of people's experiences alongside existing quality assurance information to improve standards. The RI has introduced management workshops focusing on areas for development identified through governance and audit processes. We saw evidence that these have contributed to improvements in the day-to-day management of the service and the quality of service provided to people.

Care workers gave mixed but predominantly positive feedback about management support. We were told managers are *"Amazing," "Fantastic" and "Always listen and [are] available."* Office staff were generally described as responsive when concerns arose. External professionals also described the manager's approach positively. A few care workers identified pressures associated with sickness, travel time and continuity of work. This indicates staff experiences are mostly positive, although not universal. The management team told us they respond to concerns brought to them by care workers and we read records showing these conversations are documented along with subsequent actions taken to address ay issues, along with follow up check ins.

People are supported by care workers who undergo thorough recruitment checks. We reviewed a sample of personnel files and found evidence of identity and Disclosure and Barring Service (DBS) checks, references and consideration of employment histories. Some records varied in how employment history was documented, but overall, we found established arrangements for checking care workers' suitability before they support people. This further safeguards people who use the service.

Care workers receive training, supervision and support to help them carry out their roles. During a period of increased pressure, some supervision meetings were postponed and were not completed within expected timescales. The RI and management team were aware of this through their monitoring arrangements. Records showed that, as service provision stabilised, outstanding supervision meetings were prioritised. This demonstrates the leadership team recognised the shortfall and took action to strengthen staff oversight and support.

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.

CIW has no areas for improvement identified following this inspection.

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

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