Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Q Care Powys

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The inspection visits for this service took place between 07/07/2026 and 08/07/2026

Service Information:

Operated by:	Q Care Limited
Care Type:	Domiciliary Support Service
Registered places:	0
Main language(s):	English
Promotion of Welsh language and culture:	The provider promotes, anticipates, identifies, and meets the Welsh language and culture needs of people.

Ratings:

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

Summary:

Q-Care Powys is a domiciliary support service operating across Powys, providing care and support to people in their own homes. The service has been rated Good across all three themes.

During our inspection, people told us they were happy with the service they received and spoke positively about the staff who support them. People said staff were reliable, kept them informed if they were running late and supported them in a way that reflected their individual preferences. People told us they felt safe using the service and were confident any concerns would be acted upon.

Records show people are involved in planning their care and reviews of their support. Personal plans are generally detailed and give staff the information they need to support people safely. Staff know people well and work with families and other professionals to respond to changing needs. While some improvements are needed to ensure personal plans and risk assessments are fully consistent, we found people are receiving the support they need.

The management team were open and transparent throughout the inspection and responded promptly when concerns were identified. Staff describe the management team as approachable and told us they feel supported in their roles. We saw evidence that the service reflects on incidents and complaints and takes action where improvements are needed.

Findings:

Well-being — Good

People spoke positively about the care and support they receive from Q-Care Powys and told us staff help them to remain living independently in their own homes. Feedback from people and their relatives was consistently positive. One person told us, *“The people here are great, I feel safe in my home. I never thought I'd be this lucky.”* Another person described staff as *“all very kind”.* Relatives also spoke positively about the support provided, with one describing staff as *“friendly and attentive carers.”* These comments were reflected throughout the feedback we received during the inspection.

People told us they feel safe receiving support from the service. They said staff are generally reliable and keep them informed if there are any changes to planned visits. One person told us, “Calls aren't missed, they let me know if they are going to be late.” People are confident they can raise concerns if needed and feel they would be listened to. One relative told us, “If I had a problem and wished to talk to someone, I would always ring the office.” Another person described contacting the office when they needed additional support, stating, “I ring the office and they come out and talk to me.” This demonstrates people are comfortable approaching the service and have confidence concerns will be addressed.

We found people are involved in decisions about their care and support. Records showed personal plans are reviewed regularly and updated when people's needs change. Relatives told us they are kept informed and included in discussions about care. One relative told us they had recently participated in a review and “she feels as though she's always involved.” Another relative explained how the service had adjusted visit times to enable their family member to attend an activity, adding, “They are flexible.” This showed the service considered people's preferences and routines when planning care.

Personal plans we reviewed generally contained information about what was important to people, their preferred routines and how they wished to be supported. Daily records demonstrated staff were familiar with people's needs and the support required. During a visit, we observed positive interactions between staff and a person using the service. Staff took time to reassure the person and provided support at a pace that suited them. Whilst we identified some records that could be strengthened to ensure information was fully consistent across care plans and associated risk assessments, we found people were receiving the care and support they needed. The positive feedback received from people and relatives, together with our observations and review of records, demonstrated people experience good well-being outcomes.

Care & Support — Good

People generally receive care and support that meets their assessed needs from staff who know them well and are familiar with their routines and preferences. Feedback from people and relatives was largely positive about the support provided. One relative described the service as *"Excellent"* and told us, *"Having Q-Care visit my relative three times per week gives me reassurance she is being properly looked after."* The feedback demonstrated people valued the reliability of the service and the relationships developed with care staff. During our inspection, staff were observed supporting people in a calm and reassuring manner and were able to describe how care was tailored to people's individual preferences and assessed needs.

People's health, personal care and well-being needs are supported through care planning and risk assessments. Personal plans generally contained relevant information to guide staff in delivering care and support. However, we identified several opportunities to strengthen the quality and consistency of documentation. Some records contained generic wording and did not always provide a sufficiently personalised picture of the individual, their preferences or the outcomes they wished to achieve. This reduced confidence that documentation had been fully reviewed and personalised to accurately reflect each person's current circumstances. Some risk assessments lacked sufficient detail regarding identified risks, control measures and clear guidance for staff on how support should be provided.

People are protected from harm and receive support that promotes their safety and well-being. Medication systems were generally managed safely, and people received their medicines as prescribed. Staff recognised changes in people's needs and there is evidence appropriate referrals have been made to healthcare professionals when required. However, the quality of daily recording was variable. Some daily records are brief and focused mainly on tasks completed. They did not always show the support people receive or the difference this support is making to their day-to-day lives.
More robust and evaluative recording would provide greater assurance that care is delivered consistently and would better demonstrate how people's well-being is monitored over time.

Overall, feedback from people and relatives demonstrates they value the care they receive and feel supported by caring staff. The management team have given reassurances that care and support plans along with risk assessments and daily records will be strengthened.

Leadership & Management — Good

The Responsible Individual (RI) and management team have arrangements in place to monitor the quality and safety of the service and support staff to meet people's needs. People and relatives spoke positively about their experiences of contacting the office and told us they felt listened to. During the inspection, the management team responded openly to feedback and took action when concerns were identified. However, although information about the RI was available within the Statement of Purpose and Service User Guide, several people, relatives and staff were unable to identify the RI or explain their role within the organisation. This indicates there is scope to increase the visibility of the RI within the service.

People are supported by staff who are recruited through robust recruitment processes. Records confirmed the provider completes the necessary pre-employment checks, including Disclosure and Barring Service (DBS) checks, references and mandatory training before staff are placed on the rota. Staff have access to refresher training, supervision and appraisal, and told us managers are approachable and available when support or advice is needed. Records demonstrated staff receive supervision and appraisal in line with regulatory requirements. Supervision records showed regular discussions take place; however, these were often focused on operational matters and service updates rather than reflection on practice. There is scope to strengthen the quality of supervision to further support learning, professional development and discussion about the support provided to people. Staff generally spoke positively about working for the service; however, several staff identified communication and travel times between visits as areas that could be improved. One member of staff told us, *“I don’t always feel there is enough travel time between visits.”* and communication, *“Its hit and miss”.*

This feedback indicates opportunities to further strengthen communication arrangements and workforce planning. Training compliance was generally good. However, we found skin integrity training was not provided as a standalone course and only two members of staff had completed epilepsy training, despite some people requiring support in relation to epilepsy management. The provider is in the process of recruiting a regional trainer to provide coaching and support to staff and help ensure learning from training is embedded into day-to-day practice.

The RI and management team use audits, and feedback to monitor the service and identify areas for improvement. We reviewed RI quarterly visit records, quality of care reviews and audit records. These showed the RI monitored complaints, safeguarding concerns, staffing, training and care records. Monitoring activity had identified areas requiring improvement, including continuity of care, communication and care planning. We also saw examples of learning from incidents and case studies. However, whilst actions were identified, governance records did not always demonstrate how improvements had been evaluated to determine whether changes had been effective. Inspection findings relating to care planning, risk assessments and service-specific training indicate

there are further opportunities to strengthen oversight and quality assurance arrangements.

Overall, we found the RI and management team were responsive to feedback and had systems in place to monitor the service. Further development of the RI's oversight role, staff supervision and the evaluation of improvement actions would strengthen existing governance arrangements.

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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