Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Age Cymru Gwynedd a Mon

Cartref, Caernarfon, LL54 7UW

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www.agecymru.org.uk/gwyneddamon

The inspection visit took place on 31/07/2026

Service Information:

Operated by:	Age Cymru Gwynedd a Mon
Care Type:	Domiciliary Support Service
Provision for:	Supported Living
Registered places:	0
Main language(s):	Welsh
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:

This domiciliary support service provides personal care and support to people living in their own homes across the Gwynedd area.

Well-being outcomes for people are good because care staff treat people with kindness and respect. Many care staff know people well and understand their needs and how to support them safely.

Care and support require improvement because personal plans are not consistently accurate, up to date or reflective of people's current care and support needs. Personal plans do not always evidence the care provided, which may impact continuity of care and make it difficult for unfamiliar care staff to understand how best to support people.

Leadership and management require significant improvement because the provider has not maintained effective quality assurance and governance systems. The service operated without a Responsible Individual or Registered Manager for a significant period as a result, required quality reviews, audits and oversight arrangements have not been completed, and key service documentation requires updating. A new Responsible Individual has recently been appointed and has begun addressing these issues; however, improvements are not yet embedded.

Findings:

Well-being — Good

Many people achieve positive well-being outcomes because they receive support from care workers who know them well and understand what is important to them. People mainly told us they are treated with dignity, kindness and respect. One person responded, "*Oh my God yes*" when asked whether staff treated them with dignity and respect and another said, "*I don't have a bad word to say about them*". Whilst some responses were mixed, feedback from social workers, commissioners and most relatives was positive regarding the care people receive.

People are supported to identify and achieve outcomes that matter to them. Pre-assessments include the document, "What's Important to Me," which is information obtained from social workers and discussions with people and their families. Personal plans viewed included information about routines, desired outcomes and support needs. For example, records demonstrate people's wishes to remain living independently at home and maintain familiar routines.

People's health and well-being are promoted through effective partnership working. Staff work closely with district nurses, social workers and other professionals when people's needs change. Daily records show examples of staff recognising deteriorating health and escalating concerns appropriately and in a timely manner. One person told us staff contacted family members and emergency services when they became unwell.

People benefit from opportunities which reduce social isolation and enhance community participation. Age Cymru provides a range of activities including art clubs, mindfulness groups, knitting clubs, whist and domino sessions, digital inclusion support, welfare advice and community initiatives such as Warm Spaces. People also benefit from wellbeing events, opportunities to access community resources and social engagement activities.

The service is working towards the Active Offer. Approximately half the workforce speak Welsh, and staff are supported to attend Welsh language training through Nant Gwrtheyrn and other initiatives. People's language preferences are identified and respected.

People's experiences are not always consistent. Whilst most feedback was positive, a minority of relatives described inconsistent staff practice and concerns regarding professionalism. This means some people's experiences fall short of the standard experienced by most people using the service. This may be impact from a lack of staff in senior positions in the service for some months. New senior staff in the service feel this will improve with the advent of a full senior team and the opportunity to conduct a full quality review of the service.

Care & Support — Requires Improvement

Many people receive good quality care and support because the service completes assessments before accepting referrals. Senior care workers undertake pre-admission assessments, review local authority information, identify personal outcomes and complete risk assessments to ensure the service can meet people's needs. Staff work closely with district nurses and social workers when people's circumstances change.

Care files demonstrate positive examples of person-centred care planning. We saw records containing detailed information about people's health needs, equipment, personal preferences and desired outcomes. Risk assessments and General Data Protection Regulation (GDPR) consent documentation are also available within records sampled.

Feedback from a social worker who reviewed two people using the service in June 2026 was positive. Both people are happy with the support they receive, and the social worker concluded their assessed needs are being met.

Most care calls are commissioned at thirty minutes or more. People generally told us they receive sufficient time during visits and do not feel rushed.

However, care planning and records require strengthening. Although some files are detailed, the quality and consistency of documentation varied. We found examples where service commencement dates and review dates are unclear. Some files lack photographs and essential information is not consistently recorded. Care staff know people well, but this knowledge is not always reflected within care records.

We found examples where documentation has not been updated to reflect changes in support arrangements. Daily records do not always clearly evidence visit times and some entries contain limited detail regarding care delivered. This reduces assurance that records consistently demonstrate care is provided in accordance with people's current assessed needs. These have been identified as areas for improvement; we expect the provider to make improvements and will review progress at the next inspection.

People are generally protected from harm and abuse, and most staff have completed safeguarding training. However, safeguarding oversight requires improvement. We identified an incident involving a fall where records did not demonstrate safeguarding thresholds had been considered. We also found care staff relied on verbal knowledge in some areas rather than consistently updated written guidance.

Medication support arrangements require strengthening. Whilst the service mainly provides prompting and support with topical creams, recording systems did not always provide sufficient assurance regarding oversight of medication-related support. This falls short of safe medicines management requirements. We expect the provider to make improvements and will review

progress at the next inspection.

Leadership & Management

Requires Significant Improvement

People continue to receive support from a dedicated staff team; however, significant shortfalls in governance and oversight impact the provider's ability to assure itself of the quality and safety of the service.

The service operated without a Responsible Individual or Registered Manager for a significant period. The newly appointed Responsible Individual has been in post for approximately one month and is awaiting registration with Care Inspectorate Wales.

We found no Responsible Individual visit reports or Regulation 80 quality of care reviews for 2025 to 2026. Service audits are also unavailable. These failings reduce assurance that the service is effectively monitored, reviewed and improved.

The Statement of Purpose and Service User Guide are inaccurate and out of date. Neither contained up-to-date information regarding leadership arrangements, complaints processes or relevant external contacts.

Policies and procedures are not always current. We found examples of key policies with review dates from 2022. Staff told us policies are available in the office but not always easy to access.

Workforce oversight was ineffective. Some supervision records are out of date and annual appraisals have not been completed. Training oversight was insufficient, although a training matrix was being developed. Several care staff are out of date with mandatory training, demonstrating weaknesses in workforce monitoring arrangements.

Recruitment processes are inconsistently applied. Staff files do not always contain all required information, including photographs and evidence of right-to-work checks.

Monitoring of service delivery is weak. No staff meetings have taken place and communication relies largely on informal arrangements. The service does not have effective systems to monitor care delivery in real time.

The service has not submitted Regulation 60 notifications because no one had access to the CIW portal during the absence of a Responsible Individual and Registered Manager. Required notifications had therefore not been submitted to the regulator. We also identified weaknesses in safeguarding oversight, including a fall incident that had not been considered through safeguarding processes.

We acknowledge the newly appointed Responsible Individual has identified many of these issues and has begun implementing improvements. Staff reported feeling more supported since the appointment. Planned actions include introducing a training matrix, strengthening governance arrangements, updating service documentation and re-establishing team meetings. However, these improvements were not sufficiently embedded at the time of inspection to improve outcomes for

people.

We issued a Priority Action Notice (PAN) due to the significant failings identified in leadership and management, including the prolonged absence of senior leadership and a lack of effective interim arrangements. This is a serious matter, and we expect the provider to take urgent action to address these failings.

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 should receive care and support in accordance with accurate, up to date personal plans that reflect their assessed needs, preferences and support arrangements. The provider must ensure records provide clear guidance for staff and evidence that care is delivered in line with people's current care and support requirements.	31/07/26

Summary of areas for Priority Action	Date identified
The provider must ensure there are effective quality assurance and governance arrangements in place to monitor, review and improve the quality, safety and effectiveness of the service. Robust oversight should identify areas requiring improvement and ensure appropriate action is taken in a timely manner.	31/07/26

Mae’r adroddiad hwn hefyd ar gael yn Gymraeg

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