Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Haven Home Care (UK) Limited

13a Victoria Gardens, Neath, SA11 3AY

01639893837

www.havenhome.care

The inspection visits for this service took place between 09/06/2026 and 12/06/2026

Service Information:

Operated by:	Haven Home Care (UK) 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	Good
Leadership & Management	Requires Improvement

Summary:

Well-being is good because people maintain choice and control over their lives and report improved confidence and emotional well-being. They feel safe, listened to and confident to raise concerns. Positive relationships are evident between people and staff, with support promoting family involvement, independence and community participation. There is also some provision for people to receive care through the medium of Welsh.

Care and support is good because people are involved in planning and reviewing their care, which is guided by detailed, outcome-focused personal plans and risk assessments. Effective safeguarding, medication management and infection control arrangements help protect people, while strong multi-disciplinary working ensures people receive safe, person-centred support that meets a range of care needs.

Leadership and management requires improvement: The provider has made good progress and reduced risk; however, improvements are not yet fully embedded. Care planning, governance and workforce systems are improved but inconsistently applied, and gaps remain in training, supervision and oversight. Additionally, rota management requires strengthening to ensure reliable call times and safe staffing arrangements.

Findings:

Well-being — Good

People live healthily and with control over their lives, supported by positive risk management. They are supported to maintain choice and control while achieving positive outcomes. Staff described how support is guided not only by personal plans but by the wishes of the people they support, stating, "*we are always led by the care plan yes, but also by the people we're supporting*." Individuals reported improvements in emotional well-being because of the support provided. One person said, "*Haven have given me more confidence… when I first started with Haven I couldn't talk, now I don't stop*!". Comments included, "*I'm very happy with the care received*" and "*their staff and carers treat you with respect and care for you as part of a family."* This demonstrates people feel valued, respected and well supported.

People are safe and protected from abuse and neglect**.** The service has effective safeguarding procedures in place which align with Welsh legislation, helping to ensure people are protected from harm. We reviewed the complaints policy and found it provided clear guidance for people using the service. Records showed concerns are managed appropriately, with safeguarding procedures followed where required, supported by clear recording and risk assessments to promote people's safety and well-being. The provider ensures service user guides are available within people's homes. People told us they feel safe and confident speaking with staff or management if they had any worries. One person stated, "*Yes, I feel very safe with them. I've got no complaints."* A relative told us, *"They always listen and respond quickly if we have any problems."* This demonstrates people are supported to express their views, feel listened to and have confidence in the service.

People are supported to cultivate safe and healthy relationships. Feedback from people, professionals and our observations confirmed positive relationships, with staff taking time to understand what matters to people. Care records reflect a person-centred approach, promoting independence, family involvement and community participation. We saw evidence of support for hobbies and important relationships within plans and observed people accessing their communities, including shopping trips and hydrotherapy sessions. An external professional told us, "*The whole team will go over and above the call of duty to provide individuals and families with support."* People described staff as friendly and caring, with one person stating, *"The majority of them do a really good caring job… they have a conversation, have a laugh and a joke."* The provider makes efforts to promote the Welsh language by employing Welsh-speaking care staff and supporting people who wish to receive aspects of their care through the medium of Welsh.

Care & Support — Good

People receive the care and support they need to achieve their personal outcomes. We found clear improvements since the last inspection. Care records show detailed reviews and evidence of people and their families being involved in planning and reviewing care. One person told us, *"They do review the care plans with me."* Personal plans are outcome-focused and written in the first person, reflecting people's goals, preferences, routines, communication needs and lifestyle choices while providing information to support staff practice to deliver consistent, person-centred care. Personalised risk assessments provide staff with detailed information on how to support people safely while promoting independence. We saw evidence of multi-disciplinary working, including liaison with health professionals and appropriate escalation of concerns. Professionals told us the service "*deals with our most complex care packages and goes the extra mile",* reflecting its ability to deliver effective support to people with a range of care needs.

People are protected from harm and abuse**.** Staff demonstrate a good understanding of safeguarding and whistleblowing procedures. Training records indicate good compliance across the workforce in these areas, although some refresher training is due. We reviewed the provider's whistleblowing policy and found it provided clear guidance for raising concerns. An external professional commented, "*Safeguarding concerns are reported immediately",* with a *"Collaborative approach from the provider with transparent practice."* This demonstrates a culture of openness, effective partnership working and a commitment to promoting people's safety and well-being.

People's medication is safely managed. We found effective medication systems in place, with Medication Administration records (MAR) charts completed appropriately. This includes people receiving higher levels of medication support. Robust arrangements are in place for managing medication changes, including an electronic alert system and interim MAR charts to ensure changes are implemented promptly. Monthly medication audits provide oversight of practice. We identified some gaps in medication training records, which relate to an area for improvement under Leadership and Management. However, the impact on people is minimal, as records reviewed demonstrate medicines are managed safely and administered as prescribed.

People's risk of infection is minimised. We observed good infection prevention and control practices in place. Staff promote good hygiene and demonstrate an understanding of their responsibilities. Appropriate supplies are available and infection control training is in place, although some refresher training is due. These measures help protect people from avoidable infection risks.

Leadership & Management Requires Improvement

The provider has made good progress in addressing the previously issued Priority Action Notice and the risk to people has been significantly reduced, however, it is not yet fully resolved. Governance arrangements require further strengthening to ensure the service is delivered in line with the Statement of Purpose. Care planning and risk management systems are much improved but not yet consistently applied, we saw examples of outdated plans, irregular reviews, and inconsistencies between records held in people's homes and those in the office. This means staff may not always have access to accurate and up-to-date information to guide care delivery. While quality assurance systems, including audits and Responsible Individual (RI) oversight, have improved and are more structured, they are not yet fully effective in identifying and resolving discrepancies across the service. Workforce systems have also improved; however, gaps remain in training compliance, particularly around medication competency, and supervision and appraisal processes are not yet consistently implemented within required timescales. Outcomes for people still require improvement because although progress is evident this is recent and is not sufficiently embedded to demonstrate consistent compliance. We expect the provider to continue with these improvements and will follow this up at the next inspection.

We identified further concerns regarding the organisation and allocation of calls and travel time for domiciliary care workers. Rotas do not consistently allow sufficient time between visits, with overlapping calls and unrealistic scheduling observed. This creates pressure for staff and increases the likelihood of shortened visits ("call clipping") to meet rota demands. Feedback from people and relatives confirmed that calls are frequently late and inconsistent, with delays of up to an hour impacting on people's routines, comfort, and access to timely support with meals and medication. Comments included: "*3 out of the 4 calls each day are ok, but the afternoon call, they're never here on time"* and a staff member said, *"Overlapping calls is a big issue… not enough time in between calls".* We also found inconsistencies between agreed call times and those recorded on the rota system, with limited evidence to demonstrate clear communication of changes. These issues indicate weaknesses in planning systems and insufficient oversight to ensure staff have adequate time to travel and deliver care safely and effectively. Outcomes for people require improvement because rota planning systems do not consistently ensure reliable call times or sufficient travel time between visits. We expect the provider to make improvements and will follow this up at the next inspection.

Staffing arrangements have improved since the previous inspection. We saw personnel files are largely compliant and contain the required safe recruitment documentation, including DBS checks, references and employment history. Most staff are now registered with Social Care Wales, the workforce regulator or are in the process of registration, demonstrating progress in workforce

compliance. Training oversight has improved, with evidence of mandatory training being completed and systems in place to monitor expiry dates, although some gaps remain. Staff provided generally positive feedback about the service and described feeling supported, with one staff member stating they were “*very well supported… any questions are answered*.”

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 cannot be assured that their care and support is consistently planned, reviewed and delivered in line with their needs because care documentation, risk management, workforce compliance and quality assurance systems are not yet fully embedded. This creates a risk that staff may not have accurate, up-to-date information to guide care, resulting in inconsistent care delivery and unmet needs. Although improvements have been made, they are not yet fully embedded in practice.	09/06/26
People do not always receive care at agreed times or for the full duration due to unrealistic rota planning and a lack of clear travel-time allocation. This increases the risk of late, rushed or shortened visits, affecting people's routines, wellbeing and outcomes, including support with meals, medication and personal care. The absence of clear systems to distinguish call time from travel time limits provider oversight and assurance that commissioned care is delivered consistently and in full.	09/06/26

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

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