Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Western Welsh Community Care Limited

Bridgend House, Bridgend Square, Haverfordwest, SA61 2ND

01437767711

The inspection visits for this service took place between 17/02/2026 and 18/02/2026

Service Information:

Operated by:	WESTERN WELSH COMMUNITY CARE LIMITED
Care Type:	Domiciliary Support Service
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:

Western Welsh Community Care Limited is registered to provide a domiciliary support service in the West Wales regional partnership area. The Responsible Individual (RI) is also the manager of the service and throughout this report will be referred to as the manager.

Well-being is rated good. People are enabled to remain independent at home with respectful, person-centred support. Staff promote dignity, consent and respect individual routines. Information is accessible and where flexibility is possible, staff help people stay connected with community events and to attend appointments.

People receive good, consistent, person-centred care from staff who know them well. Assessments, risk management and continuity of carers support people's preferences and routines. Communication is good with people feeling informed.

Leadership and management is also rated as good. The manager is supportive, accessible and maintains governance through audits, training and clear policies. Although supervision and team meetings need more consistency, the service remains well-led, with positive staff feedback and safe, effective operational oversight.

Findings:

Well-being — Good

People receive a domiciliary support service that enables them to remain as independent as possible in their own homes. People told us the staff are respectful and particularly mindful of privacy and dignity. We saw staff seek consent throughout care delivery and respect people's own pace and routine. People's preferred language of communication is identified in their initial assessment. Currently there is not a requirement for Welsh to be provided as an active offer.

People have access to information. We saw a combined Statement of Purpose (SoP) and Service User Guide. Overall, the document is very detailed, informative and accurate. It makes good reference to advocacy and the company ethos however the document may be too lengthy for some people. We discussed ensuring the information is also available in a user-friendly format.

People are supported by staff who are aware of safeguarding processes. Staff told us the manager is available at all times. We saw the manager reports any issues that arise appropriately and is open and transparent. A safeguarding policy is available and has the relevant contacts for the local authority safeguarding team. We did suggest the 'Wales Safeguarding Procedures' information is added to the policy and staff are made aware of the app they can access. People complete consents as part of their agreement for the plan of care and support provided. Good detailed contingency plans are in place for individuals. These are also kept in one central file for easy access in the event they are needed.

The manager and the team providing care and support know people well and have provided support to some people for a long period of time. They have a balance of, knowing people well and making fun and conversation part of the call whilst ensuring professional boundaries are respected. People are enabled to access community events and health appointments by a service that provides flexibility to call times where possible. This flexibility contributes to people achieving optimum health and well-being.

Care & Support — Good

People receive good-quality care and support from a consistent team of staff who know them well and understand their individual needs. The service places emphasis on person-centred practice, beginning with a detailed initial assessment that records people's backgrounds, routines, preferences, and personal outcomes. This is strengthened through further assessments covering areas such as care needs, moving and handling requirements and environmental considerations. While care plans and task sheets meet commissioning requirements, it is suggested that future versions more clearly incorporate what matters most to each person so that outcomes remain central to personal plans. Risk assessments are generally comprehensive, identifying potential risks, the likelihood of these occurring, and the actions required to mitigate them. Care plans also record people's preferred names, routines, and ways of working, and observations showed staff following safe manual-handling practices that aligned well with the manual handling plans.
People told us they mostly have the same carers and how important continuity is to them. Staff told us *"We provide continuity – they see regular faces. People like routine – they seem to be happy with their times and if not they do contact the manager – if we can accommodate the change we do".*

Consistency of call times vary sometimes but we could see changes being made to accommodate people's appointments or events that were important to them. People were appreciative of that and one person said, *"I am sure if I had a problem they would accommodate me".* A call monitoring system is in place which provides the manager with alerts if calls are late, enabling proactive communication with people. People told us; *"They are excellent – we are kept in touch", "They are never rushed – very helpful"* and *"They keep you laughing".*

We did not see medication administered during the calls we attended as people were independent with their medication. We did see medication administration records in place and the manager explained these were kept purely as a record of medication people are prescribed. The manager reflected that this information may be better kept in a list format rather than on an administration record and intends to review this. An up-to-date medication policy details the levels of medication administered in line with the local authority policy. Staff have medication training and regular spot checks to observe their practice.

People's risk of infection is minimised by the provider, promoting good hygiene practices. We saw staff using personal protective equipment (PPE) correctly. Supplies of PPE are available for staff to collect from the office. An infection prevention control policy is in place.

Leadership & Management — Good

The manager, who also fulfils the role of Responsible Individual (RI), benefits from additional guidance through a mentoring company. This ensures they receive appropriate support and advice where needed. Staff told us the manager is approachable, supportive, and always available when needed. Quality assurance processes are in place and include regular audits, routine monitoring, and the gathering of feedback from people using the service and staff. Survey results are documented every six months; however, the current reports do not yet analyse findings or demonstrate how identified themes will be used to improve outcomes. To strengthen future reporting, the most recent CIW guidance for Quality Care Review Reports has been shared with the manager.

Information about the service including the SoP and policies, is well written, detailed, reviewed regularly and refers to regulations appropriately. The policies have linked templates, tools and training to enhance the information further.

Overall, people are supported by staff with the necessary expertise, skills, and qualifications to meet their care and support needs. The training matrix showed staff receive both online and face-to-face learning opportunities, covering key areas such as safeguarding, medication, and manual handling. The manager told us there was an oversight with some training such as Health & Safety and Fire Safety. A plan was put in place for staff to complete this immediately. The manager assures us reminders have been set for future training updates. New staff complete a structured induction that includes shadowing experienced staff before working independently.

People are supported by staff who are appropriately vetted prior to commencing employment. We saw Disclosure Barring Service checks (DBS), contracts of employment, reference checks and gaps in employment explored and recorded as required. We were told Social Care Wales registration is monitored and followed up as notifications are received. Monthly spot checks are completed for most staff, ensuring practice remains safe. Although supervision is provided, it is not yet taking place consistently for everyone on a quarterly basis. The manager has put calendar reminders in place to address this. Team meetings have not been occurring as frequently as required, and staff have expressed that they would welcome regular team meetings. Staff feedback includes *“X is always available and supportive”* and *“I do feel supported – I love my job and I love the people I look after”.*

People using the service are supported by staff who have sufficient time to deliver care. Although delays can occur due to traffic or unavoidable factors not captured by the call monitoring system, people reported they were promptly informed of any changes and felt reassured by the communication they received.

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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