Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Recovery care ltd

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www.recoverycare.org.uk

The inspection visits for this service took place between 18/09/2025 and 26/09/2025

Service Information:

Operated by:	Recovery Care Ltd
Care Type:	Domiciliary Support Service
Provision for:	Supported Living
Registered places:	0
Main language(s):	English
Promotion of Welsh language and culture:	The service provider is not meeting the Welsh language and culture needs of people and this requires improvement.

Ratings:

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

Summary:

Recovery Care Limited provides supported living to people in their own homes across the Cwm Taff region of South Wales. People are happy with the care and support they receive. Care staff are dedicated and professional. Overall, staff retention is good, and this promotes consistency of care whenever possible. People develop strong bonds with the care staff, which is highly valued. Care packages are tailored to meet people's needs and preferences. Care staff receive appropriate training and supervision and know people very well. The service fosters a culture of openness without judgement, and all people are treated with respect.

Since the last inspection the provider has made changes to key roles at the service in leadership and management. Quality assurance measures mostly work well, meaning there is a good understanding of service development. The service continues to collaborate with people to identify goals and well-being opportunities which is a strength of the service. People experience good well-being outcomes because we saw person-centred approaches where people feel valued and listened to. On balance, care and support is good because people receive consistent and reliable standards of care. Overall, leadership and management are good because oversight and governance is essentially well organised, pro-active and knowledgeable. Where we found missed opportunities to identify gaps in records and auditing, they show a clear commitment to address the areas for improvement identified at inspection.

Findings:

Well-being — Good

People live healthily and safely with control over their lives. The service actively supports people to identify their well-being outcomes. The service works well at getting to know people and what is important to them, meaning care and support focuses on people's preferences and strengths. There is a clear commitment from the service to listen and support people to make informed choices. Care staff have exceptional knowledge about most people, including important details such as interests, religious and cultural needs, history, protected characteristics and personal networks. This means people are receiving the right level of input from care staff to engage with hobbies, community groups and personal relationships with great success. People have strong and meaningful bonds with their care staff. People told us *"I am settled, the manager makes me feel safe and my routines are better,*" and "*I like where I live, family visit me whenever I want."*

People are valued and respected. At the time of inspection, we did not meet with people receiving a service using the Welsh language. However, the service thoroughly assesses people to establish their cultural, heritage and religious needs, which positively impacts their well-being in all aspects of their daily life. People are encouraged to take positive risks and build on their strengths, such as taking more independent steps in their daily routines when the time is right for them. The service provides effective support when people can no longer manage living in their own home. They make relevant referrals and support people and representatives to consider the next steps for those needing more, such as nursing care.

People are safeguarded from abuse and neglect. People told us they feel confident to speak with service leaders and care staff if they have an issue. People receive service information about how to raise a complaint. There are effective and responsive systems in place for oversight of complaints. The responsible individual (RI) frequently visits people in their homes to discuss the quality of the care they receive and address any concerns. The service acts when issues are raised, and people told us they are listened to.

Care & Support — Good

People receive consistently good quality of care because the provider assesses their needs before delivering a service. The service gathers information from people, their representatives, and other professionals to inform assessment and planning. We saw care staff receive training in specific topics to ensure they have the skills and understanding to work well with people to meet their assessed needs. We saw some service agreements are in place, and most people understand their commissioned support hours. Electronic records do not capture the hours of support delivered to each person. But overall, people told us they get the right care and support at the right time.

The service completes the personal plan to inform care staff of a person's needs and preferences most of the time. Completed personal plans are person centred, and outcome focused. We saw records of reviews of the personal plan, but it was not always clear people, or other professionals are participating in the review. Some people are up to date with a review of the personal plan. We discussed the electronic review record with service managers and the importance of accurate and timely record keeping. We saw highly detailed information about people's history, social networks and life experiences which fully inform care staff of vital information for most. The service supports people to manage risks, and we found some risk assessments are well-written and fully inform care staff. Maintaining electronic records is a new and developing area for the service.

The service provides effective support to people to access health services and maintain their physical and mental health. People told us they receive support to be physically and mentally well, but daily records do not always sufficiently reflect this. They value the support they receive to manage their mental health and well-being. Some people attend regular hospital appointments and told us they are in a better routine because support from care staff ensures they do not miss appointments.

People receive their medication as prescribed. The service promotes people's independence to self-manage medication whenever possible, with the service closely monitoring people's outcomes. Medication recording charts are mostly complete. Medication auditing is ongoing, but we saw some gaps in information about people's needs which had not been identified through auditing. We discussed this with the manager and prompt action was taken. All care staff are up to date with medication theory training, with half of care staff administration competencies complete.

Leadership & Management — Good

The governance and leadership at the service is mostly effective. Recent changes in the structure were communicated well to staff and people receiving a service. The RI and leadership team promote a positive culture with high expectations on the quality of outcomes for people. The service recognises the importance of involving people and values their input. The RI achieves this through home visits and seeking people's views with service questionnaires. The service seeks regular feedback from care staff. Feedback informs service improvement, and we saw action plans and outcomes detailed in quality assurance reports and records of home visits. People feel at ease expressing their views with care staff and service leaders because the positive culture of the service is embedded throughout.

The RI produces a quality-of-care review which is informative and detailed. The review informs the provider what the service does well and effectively identifies where they can further develop the service. The review tells the provider of how action plans are progressing. Regular meetings keep all staff informed. Auditing systems are in place, but we found some to be ineffective. Outcomes for people require improvement because documents are not consistently available to care staff, and monitoring is not identifying missing information sufficiently. We expect the provider to make improvements. Since the last inspection the service has invested in an electronic records system which is a developing area for the service.

We found safe recruitment procedures. Care staff unanimously told us they feel supported in their role by management. There is effective induction and mentoring for new care staff. Staff meetings provide the opportunity to meet as a team to share experiences and be fully informed of changes which are important to their role. Care staff said, "*Management come to the service more often and we feel better supported."* Most care staff are registered with Social Care Wales, the workforce regulator. Almost all care staff hold or are working towards a suitable qualification. The service delivers training to care staff which meets the specific needs of people using the service. Training compliance is good, and supervisions are up to date.

Policies and procedures fully inform care staff of their responsibilities. All policies seen during inspection follow expected guidelines. The statement of purpose contains key service information and is available to stakeholders which is a regulatory requirement. On balance, leadership and management is good. They have the knowledge and understanding of their duties to make the necessary improvements.

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
The provider's quality monitoring and auditing procedures require improvement to minimise risks to people.	18/09/25
People are at minor risk because documentation is not consistently available or up to date to keep care staff informed of people's care and support needs and outcomes.	18/09/25

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

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