Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Caredig Care and Support

Caredig Ltd , 43 Walter Road , Swansea , SA1 5PN

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The inspection visits for this service took place between 09/03/2026 and 11/03/2026

Service Information:

Operated by:	Caredig Ltd
Care Type:	Domiciliary Support Service
Provision for:	Supported Living
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	Good

Summary:

This inspection sought to evaluate whether people experience positive well-being, safe and effective care, and strong leadership within this domiciliary support service, which provides care and support to individuals living in the community. The Well-being theme is rated as good because people experience choice, control, and safety, supported through positive risk-taking, safeguarding awareness, and access to meaningful relationships and community activities. Accommodation, equipment, and language needs are met. People and relatives consistently describe feeling safe, respected, and well supported.

Care & Support is rated as good because evidence shows person-centred planning, continuity of care, and effective communication. Safeguarding is embedded, medication is generally well managed with minor documentation gaps, and infection-control practices follow Public Health Wales guidance. Service users report positive relationships, involvement in care decisions, and confidence in staff competence and responsiveness.

Leadership & Management is rated as good because it demonstrates strong governance, effective oversight, and robust quality-assurance processes. Staffing levels, recruitment, training, supervision, and appraisals are generally compliant, with staff feeling valued and supported. The Responsible Individual maintains oversight through scheduled visits, policies are in place, and complaints and feedback inform service improvement.

Findings:

Well-being — Good

People experience a strong sense of control over their daily lives, supported through person centred approaches and positive risk management. They are encouraged to make decisions about routines, activities, and independent living skills, with staff providing the right balance of support and autonomy. Several individuals manage aspects of their own finances, demonstrating trust and capability, while the provider ensures robust financial oversight and accountability. People access information in ways that promote independence and informed choice. Evidence shows consistent compliance across assessments, planning, and review processes.

Safeguarding systems within the service are strong and responsive, enabling people to feel safe. Staff understand their responsibilities and can clearly explain how to identify, record, and escalate concerns. People receive safeguarding information in accessible formats, allowing them to raise issues confidently. The service maintains well-structured safeguarding records, demonstrating timely referrals, clear outcomes, and routine oversight by managers and the responsible individual. Staff training, whistleblowing policies, and risk management mechanisms are well embedded. The inspection found no open safeguarding cases, concerns, or compliance notices, reflecting a stable and protective environment where wellbeing and safety are consistently prioritised.

People benefit from meaningful opportunities to build and maintain relationships that enhance their wellbeing. Staff support individuals to stay connected with family, friends, and significant people in their lives, using technology when needed. The service promotes community participation, volunteering, education, hobbies, and daily activities, helping people broaden their social networks and sense of belonging. Positive risk-taking enables individuals to gain confidence while remaining supported and safe. Staff foster respectful, trusting relationships that value each person's preferences and voice. Inspection evidence shows full compliance, demonstrating that people experience inclusion, connection, and personalised encouragement in all aspects of social wellbeing.

Accommodation across the service contributes positively to people's wellbeing by meeting their individual needs and supporting independence. People have access to appropriate equipment, assistive technology, and environmental adaptations that help them achieve personal outcomes. Their preferences are considered when designing, maintaining, or modifying living spaces. The provider prioritises wellbeing when evaluating accommodation suitability. Welsh language and cultural needs are increasingly recognised, with bilingual information available and progress being made toward wider Welsh medium provision.

Care & Support — Good

People experience person centred care that reflects their preferences, aspirations, and communication needs. Service users consistently described positive relationships with staff, saying support is "*very good… in fact excellent"* and "*marvellous… like a family to me."* Others said, "*They supported me with my physical health and mental health,"* showing staff involvement across all areas of wellbeing. Staff co-produce care plans and review them regularly, with individuals confirming, "*Yes, I am involved and I sign it."* Although some care plan reviews require greater detail, people clearly feel listened to, respected, and supported to achieve their personal outcomes.

Safeguarding arrangements are strong, and people report feeling safe. One person said, "*Yes, I feel safe with the support I receive*," while another noted feeling "about *50/50,"* though still supported by staff when concerns arise. Staff clearly understand safeguarding processes, describing how they would "*report to my line manager… contact emergency services."* Relatives echoed confidence in safety, saying, "*They are really good*" and "*Very helpful, nothing is too much trouble."* Records show timely referrals, appropriate actions, and learning applied from previous incidents, contributing to a culture of vigilance and protection.

Medication is managed safely overall, supported by clear policies, regular audits, and trained staff who understand storage, administration, and error reporting procedures. Observations and audits confirm appropriate ordering, reconciliation, and disposal processes, as well as secure storage and adherence to national guidance. However, some documentation gaps were identified—such as missing signatures on MAR charts and on returns/disposal records—which require strengthening. Controlled drug record keeping varies between settings, with some sites needing more robust ledger systems. Despite these issues, staff demonstrate strong competence and awareness, and oversight arrangements ensure medication practices remain safe and well monitored.

The service consistently promotes good infection control practice, with staff following Public Health Wales guidance and using PPE correctly. Inspectors observed well organised storage of PPE, appropriate waste disposal, and clean, safe environments. Staff displayed strong knowledge of hygiene procedures, and PPE supplies were found to be sufficient and readily available. Waste handling arrangements inside and outside the buildings were suitable, supporting a clean and well-maintained environment.

Leadership & Management — Good

Governance arrangements are strong, with effective oversight, clear organisational structures, and systems that ensure smooth service operation. The provider demonstrates transparency, carries out quality checks, supports staff in raising concerns, and handles complaints appropriately. Regular oversight by the Responsible Individual (RI), accessible information for stakeholders, and structured administration systems contribute to safe, consistent service delivery. Governance is compliant, with evidence of continuous improvement and responsive leadership.

Quality assurance processes are well established, with ongoing monitoring of care standards, regulatory compliance, and service performance. Regular quality of care review reports and RI visit records demonstrate consistent oversight. Feedback from people, relatives, and professionals is systematically used to improve service delivery. Policies, audits, and review cycles are robust, supporting transparency and accountability.

Staffing levels, vetting, and deployment are appropriate, with evidence of safe recruitment, up to date DBS checks but employment histories need strengthening. Staff receive regular supervision, appraisals, and learning opportunities, supported by a detailed training matrix. Staff report feeling valued and supported, and they display the necessary skills and competence to meet people's needs. Recruitment and retention are well managed, and staff contribute positively to service culture. Overall, staffing arrangements are compliant, effective, and well overseen.

People receive care from staff who have sufficient time to deliver high quality support. Scheduling accounts for travel time, individual needs, and realistic workloads. Staff have access to suitable contractual arrangements that promote job stability, supporting continuity of care and a motivated workforce. Emergency changes are communicated promptly, and familiar staff are allocated wherever possible.

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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