Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Pagaqum Care Services

First Floor Offices, Dominion Business Centre, Dominion Way, Cardiff, CF24 1PT

07903518928

The inspection visit took place on 22/04/2026

Service Information:

Operated by:	PAGAQUM SERVICES LIMITED
Care Type:	Domiciliary Support Service
Provision for:	Supported Living
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	Requires Improvement
Care & Support	Good
Leadership & Management	Requires Significant Improvement

Summary:

We found people's well-being requires improvement because safeguarding practices are inconsistent, staff are unclear about external reporting, and concerns are not always recorded or investigated appropriately in line with guidance.

We found care and support is good because most people receive kind, compassionate and person-centred care from staff who know their routines well, with structured scheduling, continuity of carers, detailed care records and improved medication systems supporting safe and reliable delivery.

We found leadership and management still require significant improvement because the provider has not taken required action following previous inspections, governance systems are weak, audits lack analysis, and oversight does not effectively identify or reduce risks.

Overall, most people are treated with dignity and respect and have developed positive relationships with staff, which supports their well-being. However, inconsistent assessment and safeguarding arrangements limit the service's ability to fully meet people's needs and keep them safe. Care delivery is generally organised and reliable, with good communication and person-centred planning. Despite these strengths, slow progress in addressing long-standing concerns, weak

governance, and gaps in staff training and supervision mean risks remain and outcomes have not improved consistently.

Findings:

Well-being — Requires Improvement

With few exceptions, people are treated with dignity and respect. They are actively supported to identify their well-being outcomes. Most people told us they are treated with kindness and compassion and described their care staff as "*excellent".* Most people have developed trusting and meaningful relationships with their care staff, which are important to their well-being. One relative of a person with more complex needs described a poor experience, including a lack of staff understanding, engagement, and appropriate support.

The service does not promote Welsh language or culture and cannot meet the needs of people who wish to use Welsh. The workforce is diverse, with staff who speak English and several other languages, representing a range of cultures. This diversity benefits people who value cultural variety.

People's well-being outcomes are reflected in personal plans. However, the provider does not always prioritise people's well-being when deciding whether they can meet their needs. This is because provider assessments are not consistently completed. This means there is not always a clear understanding of people's needs, risks, or the support required from other professionals, particularly for those with complex health needs. As a result, opportunities to plan coordinated, multi-agency support are missed. This was identified at the previous inspection and has not been addressed. We have re-identified this as an area for improvement.

People are not always fully protected from abuse or neglect. The service has introduced a new system to record concerns. This is a positive improvement since the last inspection. We saw evidence that senior staff have oversight and take some action when concerns are raised, including informing family members and people's representatives. Care staff receive safeguarding training and told us they feel confident to raise concerns. They said they trust the Responsible Individual (RI) to act if someone is at risk.

However, care staff don't know how to raise concerns externally, outside of their organisation. Additionally, we found systems for recording, reporting, and investigating concerns are not always used consistently or effectively. We found an example of a safeguarding allegation recorded as a general care entry. Although a review was completed, this did not reflect a robust safeguarding response. There is no clear process to identify which concerns need further investigation or how to carry out thorough investigations in line with current legislation and guidance. In some cases, concerns are reviewed by staff without the skills or authority to carry out a full safeguarding response. As a result, systems are not strong enough to ensure concerns are consistently managed and people are kept safe.

Care & Support — Good

Most people are happy with their care and support. They are offered choice in their daily lives and told us staff know their routines and preferences very well. Most people and their relatives spoke positively about staff and valued their friendly, patient and caring approach to care. Most people described their care staff as hardworking and efficient.
People receive care from staff who have systems in place for scheduling of domiciliary support visits considering realistic travel times and factors like traffic and parking**.** We found care visits are well organised by management. Management oversee scheduling arrangements and ensure calls are planned in a structured way. Systems support continuity of care, and people are supported by familiar and consistent care staff. There is evidence that calls are not routinely missed and sometimes longer in duration than initially planned, which promotes reliability of service delivery. These arrangements help ensure people receive their planned care and support that is not rushed, in a consistent manner.

For people who wish to be involved, the plan for their care and support is co-produced between them, their representatives, relevant professionals, and the service provider. Personal plans give clear guidance to staff. These are reviewed regularly in collaboration with people and their representatives. Care staff complete daily notes in people's homes and electronically. We found these notes to be detailed and comprehensive. This supports good communication and information sharing across the service. All staff told us they understand people's needs and risks. They said they have enough knowledge to support people safely.

People receive medication in a person-centred way considering choice, individuality and independence. The service has made further improvements about how medicines are managed. Systems are now embedded, and records show people receive the correct medicines. Record keeping has improved, including clear information about who is responsible for ordering and collecting medicines.

There is an effective approach to assessing, managing and preventing the risk of infection, with clear roles and responsibilities in line with current national guidance. Care staff have access to PPE (Personal Protective Equipment) and use these when required.

Leadership & Management

Requires Significant Improvement

The provider has not taken the required action to make the improvements required at the last three inspections. The RI told us they are trying to recruit a manager to address gaps in knowledge. We were informed of this at the last inspection; however, it has not been resolved. Progress has been too slow to address failings. At present, the RI is also managing the service. However, the RI does not demonstrate a consistent operational understanding of how to deliver care and support in line with regulatory standards. This means care is not always safe, well managed, or of consistent quality. Risks are not always identified early or reduced effectively. As a result, outcomes for people have not improved and people remain at risk.

Risks to people remain and continue to experience impact on their safety and well-being. These risks are greater for people with more complex health and care needs. Where providers do not take prompt action to address serious concerns, we will consider enforcement action.

The RI has not ensured oversight activities meet regulatory expectations. Oversight and auditing of the service are weak. Some audits are missing, and others are too basic. This means they do not sufficiently and readily identify risks or drive improvement. Governance arrangements are not effective. Systems do not provide a clear view of what is happening in the service. Audits are generic and lack analysis. They do not identify key risks, incidents, or safeguarding concerns. There is no clear review of patterns or trends to support learning.

Policies are not consistently followed in practice. Procedures do not give clear guidance to staff. For example, they do not set out when to take action, who to report concerns to, or expected timescales. This leads to inconsistent staff practice.

Weak governance means concerns, complaints, and safeguarding issues are not always identified, reviewed, or learned from. There is little evidence of sufficient improvement. As a result, care is inconsistent and, at times, unsafe.

Staff support and development need to improve. Not all staff receive the training and supervision they need. Some staff responsible for key areas, such as safeguarding and care planning, do not demonstrate the required knowledge or skills. Training is inconsistent, and key areas, such as mental capacity training, are not always completed. This means staff may not fully understand how to support people with cognitive or memory difficulties. Supervision does not consistently identify gaps in practice or support improvement. As a result, staff do not always recognise risks or respond effectively. This leads to repeated issues and a reactive approach, rather than preventing problems before they occur.

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's well-being is at risk because the provider has not ensured staff and managers are competent and appropriately supervised to carry out governance and care management responsibilities. This results in ineffective oversight of concerns, incidents and quality assurance processes, with risks not consistently identified or addressed, leading to repeated and ongoing issues.	10/09/25
People's health and well-being cannot be fully protected unless providers carry out proper assessments of their needs. Without thorough assessments, those with complex health needs may not get the timely help they require, especially when different professionals need to work together. Providers must complete full assessments and share information promptly to make sure everyone receives the right care at the right time	10/09/25

Summary of areas for Priority Action	Date identified
People are at significant risk of receiving unsafe and inconsistent care because governance, safeguarding and oversight arrangements are ineffective, concerns are not appropriately identified or managed, and there has been a continued failure to address previously identified non-compliance.	17/04/25

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