Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Village Support Services

Village Support Services , Tram Road , Pontllanfraith , Blackwood , NP12 2LA

01443879677

www.villagesupportservices.co.uk

The inspection visit took place on 15/09/2026

Service Information:

Operated by:	VILLAGE PEOPLE 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	Requires Improvement
Care & Support	Requires Improvement
Leadership & Management	Requires Improvement

Summary:

Village Support Services is a domiciliary care service which supports people to remain living in their own homes and maintain their independence for as long as possible. We found people benefit from support provided by caring and committed staff who know them well and promote dignity, respect and choice. Relatives and staff spoke positively about the service, describing strong relationships, responsive support and a caring culture. People receive support with a range of needs, and staff demonstrated a good understanding of individuals' preferences, routines and wellbeing outcomes.

Wellbeing requires improvement because, although people reported positive experiences and felt safe and supported, records did not consistently demonstrate how changing needs, preferences and personal outcomes were reviewed and monitored over time. This reduced assurance that documentation always reflected people's current wellbeing needs.

Care and support require improvement because personal plans and associated records did not consistently provide accurate and up-to-date guidance for staff. We found examples where changes in people's needs, health conditions and risks had not been fully reflected within care documentation. Whilst staff demonstrated a good understanding of people's needs, records did not

always provide clear information to support the delivery of consistent care.

Leadership and management require improvement because governance and quality assurance systems had not identified all of the issues found during the inspection. Oversight arrangements had not consistently ensured care plans, risk assessments and associated documentation remained accurate and reflective of people's needs. Following inspection, the provider responded positively and demonstrated a willingness to improve through reviewing care records, strengthening monitoring arrangements and implementing actions to address the concerns identified.

Findings:

Well-being — Requires Improvement

People receive support from a caring and dedicated staff team who know them well and treat them with dignity and respect. Relatives and staff consistently described positive relationships between people and care workers, and feedback demonstrated people feel safe and comfortable receiving support from the service. One relative told us their family member enjoys staff visits, has developed positive relationships with care workers and is supported by staff who are kind, respectful and committed to their wellbeing. Staff we spoke with were able to describe people's needs in detail and demonstrated a genuine commitment to helping people maintain their comfort, independence and quality of life.

People benefit from continuity of care from a largely stable staff team. Staff described responding appropriately to changes in people's circumstances and seeking professional support when additional needs are identified. Positive feedback was received regarding the caring culture within the service and the approachability of management. Compliments received by the service highlighted positive experiences, including end-of-life care and support provided to people with complex needs. We saw evidence that staff worked collaboratively with families and external professionals to ensure people received support that was responsive to their individual needs. This helped promote positive outcomes and provide reassurance that people are supported by staff who understand their preferences, routines and aspirations.

People told us they valued the relationships they had developed with care staff and appreciated receiving support from staff who were familiar with their needs. Feedback indicated staff took time to listen to people, respected their choices and provided reassurance when required. The positive interactions described by people and relatives demonstrated staff are committed to delivering compassionate, person-centred care that promotes wellbeing and help people remain as independent as possible within their own homes.

Care documentation does not always demonstrate how individuals' personal outcomes, changing needs and preferences are reviewed and monitored over time. Records reviewed show examples where information relating to people's circumstances had not been updated within personal plans. This reduced assurance that staff always had access to clear and up-to-date information regarding people's wellbeing needs.

During the inspection, the provider demonstrated a willingness to improve and provided evidence of updated personal plans, improved review processes and strengthened communication systems. Whilst these actions are positive, further work is required to ensure documentation consistently

reflects people's needs, outcomes and preferences. Therefore, wellbeing outcomes require improvement.

Care & Support — Requires Improvement

People receive care and support from staff who are committed to promoting their independence, wellbeing and quality of life. Throughout the inspection, staff demonstrated a good understanding of the people they support and spoke confidently about individual needs, preferences and routines. Records showed people receive assistance with personal care, mobility, continence care, medication support and activities of daily living. Staff are able to describe how they adapt support to meet changing needs and explained how they encourage people to remain as independent as possible.

Relatives provided positive feedback regarding the quality of care delivered, describing staff as kind, respectful and compassionate. They told us care workers treated people with dignity and promoted choice and control over their daily lives. Positive feedback and compliments received by the service provided further evidence that people value the support they receive and the relationships developed with care staff.

Records and discussions demonstrated management respond appropriately to concerns and seek advice from relevant professionals when needed. Staff demonstrate a sound understanding of people's preferred routines, individual communication needs and the importance of providing person-centred care. This helps promote continuity of support and ensured people received care from staff who know them well.

Despite these positive findings, we were not fully assured that care planning arrangements consistently provide staff with accurate, up-to-date and comprehensive guidance. During our review of personal plans, we identified examples where important information had not been incorporated into personal plans. We found instances where identified health conditions, changing needs and alterations to support arrangements had not been consistently reflected within care documentation. In addition, some records lacked sufficient detail regarding identified risks and the measures required to manage these safely.

Following inspection, the provider submitted updated documentation demonstrating improvements had been made. However, further work is required to ensure all personal plans and associated risk assessments remain accurate, current and fully reflective of people's needs. Therefore, this is an Area for Improvement that we expect the provider to address by the next inspection.

Leadership & Management Requires Improvement

The service benefits from an experienced management team who are committed to supporting people and developing the service. We found evidence of positive staff retention, regular supervision arrangements, quality assurance activity and ongoing engagement with people receiving support. Staff commonly described managers as approachable and responsive, and most feedback regarding the culture of the organisation was positive. Staff told us they feelable to seek guidance and raise concerns when required. Compliments received by the service reflect positive experiences for people and relatives and demonstrated staff commitment to delivering compassionate care.

The provider had systems in place to monitor aspects of service delivery, including audits, reviews and Responsible Individual visits. Records demonstrated some effort to identify areas for development and improve outcomes for people using the service. The provider was able to demonstrate compliance with several previous improvement requirements identified at earlier inspections.

However, governance systems had not been fully effective in identifying a number of concerns found during this inspection. We identified examples where personal plans and associated risk assessments did not accurately reflect people's current needs and care arrangements. Oversight arrangements had not identified omissions relating to health needs, moving and handling information and risk management documentation. We also received information raising concerns regarding workforce oversight, including Social Care Wales registration monitoring and training arrangements for staff undertaking specialist tasks.

Whilst we found no evidence that people had experienced harm as a result of these issues, the provider's quality assurance systems had not consistently identified and resolved concerns before inspection. This reduced our confidence that governance arrangements were operating as effectively as required. This is an area for improvement which we expect to be addressed by the next inspection.

Following feedback, management completed audits of personal plans, reviewed care documentation, implemented additional monitoring arrangements and strengthened communication processes. The provider also confirmed they were seeking external support regarding further training and competency arrangements. These actions demonstrated capacity and commitment to improvement and provided reassurance that the identified concerns are being addressed.

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 governance systems have not effectively identified or addressed deficiencies in care planning, risk management and staff competency. As a result, people may be at risk of receiving inconsistent care that does not fully reflect their current needs, preferences and identified risks, and the provider cannot be assured that care is being delivered safely and effectively.	15/09/26
People can be confident that their care and support needs are assessed, planned and reviewed effectively. Personal plans provide staff with accurate, up-to-date information about people's needs, preferences, personal outcomes and identified risks, ensuring care is delivered safely, consistently and in a way that promotes wellbeing, independence and positive outcomes.	15/09/26

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

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