Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Lenpat Limited

14 Museum Place, Cardiff, CF10 3BH

02921320540

The inspection visits for this service took place between 25/02/2026 and 26/03/2026

Service Information:

Operated by:	Lenpat 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 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	Requires Improvement

Summary:

Lenpat Limited is a domiciliary support service for adults, aged 18 and over. The service offers a good standard of care and support to people in their own homes in the Cardiff area. People told us they are satisfied with the service they receive and have formed good bonds with care staff. We received good feedback about how the service communicates with people and their representatives. We recognise communication is an area the provider has worked well to strengthen. Most people receive continuity of care. People's well-being outcomes are good because the provider is making progress in the several priority areas since the last inspection, which is positively impacting the standard of care and support.

We rate the leadership and management as requiring improvement because monitoring and quality assurance activities are not yet effective in identifying matters seen at inspection. The provider is making progress in delivering a service in-line with their policies and statement of purpose. But quality monitoring, records management, and knowledge and understanding of those in key roles are not sufficiently robust in key areas such as safeguarding responsibilities and regulatory requirements. We have advised the service of areas for improvement for leadership and management to address, which we will consider at the next inspection.

Findings:

Well-being — Good

The provider produces information about the service, such as the statement of purpose and a guide to inform people about the service they will receive. The provider has made necessary changes to key documents identified at the last inspection. This means information is clear for people and they receive a service mostly as described in these documents. This continues to be a growth area for the service which we discussed with the responsible individual (RI). The service is working towards providing the Welsh Active Offer by producing policies and personal plans bilingually. But currently there are no Welsh speaking staff at the service to fully offer care and support for those who would like to speak Welsh with their care staff. However, the service has worked well to meet other language needs, such as identifying suitable care staff who can communicate in a person's preferred language, which is highly valued by their family representatives.

People are treated with dignity and respect, and care workers encourage them to build on their strengths, such as maintaining their independence with daily tasks whenever possible. Care staff listen attentively to people, and this works well to ensure people have a voice and experience care and support in a way they want. People and representatives told us communication with the service is improving. People do not currently access their daily care records, and we discussed this with service leaders as a developing area to continue to improve communications. Care staff we spoke with know people well and we observed them giving people daily choices and communicating with genuine warmth.

Overall, people told us they feel confident with the service. We found service information about how to raise a concern or complaint readily available to most people. The service considers known risks and provides care staff with information, such as risk assessments. Some people told us they occasionally have contact with the service to share their views and feel the service listens to them. Personal plans inform care staff of what is important to a person, such as their personal network, their cultural and religious needs. This continues to be a developing area for the service to embed how this information supports people's daily needs, such as how they consider prayer times when planning care and support.

Care & Support — Good

People achieve good daily outcomes and are positive about the bonds they have formed with care staff. We found care staff are motivated in their role and want to provide a good standard of care. Overall, most people receive continuity of care from care staff who know them well. One person told us, "*Carers are respectful, in general they are good, but one or two are exceptional."* We observed good interactions between people and their care staff, which was genuine, kind and respectful.

The service produces a personal plan which informs care staff of a person's needs and preferences and details the daily care tasks they need to follow. We found personal plans and risk assessments are improved since the last inspection, but this continues to be a developing area for the service. The service reviews the personal plan every three months, or when a person has returned to their home after a hospital or respite stay. A small number of people recall being involved in their review. We discussed with service leaders the need to ensure all personal plans hold current information and reviews are thorough and inclusive. Because care staff know people very well, daily outcomes are met and we found people receive good standards of care and support. One person told us, "*Care staff are good and they know my routines."*

Most people receive consistency of care from staff they know. Where people receive input from other health professionals, such as physiotherapy or occupational therapy, personal plans are amended to include updates. The service plans for care staff to receive training to use equipment safely from health professionals. We observed the service has worked well for some people who have experienced a significant change in their care and support needs. The service provides support to people to eat and drink. Care staff prepare ready meals and snacks based on people's preferences. The service works well with family representatives who may prepare the food and require care staff to support people with eating and drinking.

People mostly receive medication as prescribed. We saw some improvement in staff practice and medication awareness, but records relating to medication continues to be an area the service is developing which we discussed with service leaders. People's medication support needs are documented in the personal plan. We observed some improved practice to protect people from the risk of infection because care staff are appropriately using personal protective equipment.

Leadership & Management Requires Improvement

We observed some improvement in governance since the last inspection but found quality monitoring systems are not always effective. The RI completes visits to the service and produces the quality-of-care review, which partially meets the regulatory requirements. The service gathers feedback from people about their experiences, which we found to be positive. Monitoring activities do not always identify where the service needs to improve. We found some audits to be either incomplete or contradictory to the inspection findings. These are missed opportunities by service leaders to fully recognise and be aware of where the service requires strengthening. Quality monitoring activities are failing to identify missing or misleading information in records and care documentation.

Policies and procedures are in place, which have been reviewed since the last inspection. We found a small number of policies which require further development to ensure they align with the correct legislation and guidance and are relevant to the service. The service did not identify gaps or errors in policy documents through quality monitoring. Care staff told us they are made aware of policy updates.

People achieve personal outcomes because there are enough care staff available at the service to meet people's needs. They are registered with Social Care Wales (SCW), the workforce regulator, and some hold, or are working towards a recognised health and social care qualification. Disclosure and barring certificates are complete for all staff. The provider is introducing a more robust induction process for newly recruited care staff which aligns with SCW frameworks. Feedback from care staff is consistently positive about the support they receive from service leaders.

The service is not being delivered with sufficient procedural knowledge and understanding of safeguarding and regulatory awareness. Service leader training is out of date or ineffective in providing a robust level of knowledge and understanding of their responsibilities. Outcomes for people require improvement because the service has not demonstrated sufficient quality monitoring, including oversight of records management and the skills and knowledge of the workforce. We expect the provider to make 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
People's well-being is at risk because the provider has been unable to demonstrate reliable quality monitoring of the service.	25/02/26
People's well-being is at risk because the provider has been unable to demonstrate sound knowledge and understanding of key topics and regulatory awareness.	25/02/26
People's well-being and daily outcomes may be impacted because records are not consistently accurate to fully inform care staff, or always readily available to stakeholders and the regulator.	25/02/26

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

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