Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Newcross Healthcare Solutions Limited (Wales Complex Care - Powys)

Suite 9a, Quest House, St Mellons Business Park, Fortran Road, Cardiff, CF3 0EY

03300545592

The inspection visits for this service took place between 16/07/2026 and 21/07/2026

Service Information:

Operated by:	Newcross Healthcare Solutions 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	Good

Summary:

Newcross Healthcare Solutions Limited is a domiciliary support service which operates throughout Wales. They provide care and support to people with complex needs, in their own homes. This report is for the Cardiff & Vale, Cwm Taff, Gwent, Powys, Western Bay and West Wales areas. This is due to supporting 20 people or less in each area.

Since the last inspection there is a new manager and Responsible Individual (RI). Managers listen to feedback and are quick to make changes to drive improvement. Care staff told us they are happy and enjoy working at the service. The provider is making improvements to the competency framework and safe recruitment policies to ensure these match current requirements. Overall leadership and management is good.

People's well-being is good. We saw positive risk taking is in place and individual outcomes are considered and monitored. People are supported to do the things they want to do and maintain healthy relationships. Mostly people told us they are happy.

We found plans and daily records in place and the provider is implementing an improved review process to ensure these are completed with the person, to create up to date documents reflective of their current support needs. There are very good measures in place to keep people safe, with robust processes for reporting concerns. Care and Support is good overall.

Findings:

Well-being — Good

People are supported to cultivate safe and healthy relationships. People maintain relationships with family members and friends. We heard several stories of how the service has made adaptions and sought funding so people can attend meaningful events with family, continue to enjoy social events with friends and maintain their normal routines. Most people told us they get along well with the care staff who support them. One relative praised the care staff for building a professional relationship and said, "*X has adapted to us well,"* and "*They understand each other*."

People are supported to live healthily and safely with control over their lives. Most people and relatives told us they are happy and we saw people are involved in their care and are regularly asked for feedback regarding the service. The provider listens to feedback and takes action when required. The provider promotes positive risk taking, listen to people's goals and aspirations and implementing appropriate measures so those outcomes can be achieved. The provider is considering more robust ways to support people with their financial well-being. Plans are being reviewed and professionals involved to ensure this is the best and safest way for the person. Peoples' plan include their means of communication with good references to gestures, facial expression and the equipment in place. Since the inspection the provider has considered and implemented an improved system to ensure information is thoroughly reviewed with the person to ensure all documentation is up to date and reflective.

The provider promotes independence and choice. We saw this reflected in peoples' personal plans and with the goals they want to achieve. People are supported to continue living their day-to-day lives and do the things important to them, such as activities, trips out, events and holidays. One relative described the service as *"Excellent."* Each service completes an 'Outcomes log' to ensure goals can be monitored and tracked. People told us they have service agreements in place which include their terms and conditions, so they know their rights. People can access the providers electronic platform so they can view information regarding their care, rotas, plans and daily notes, allowing them to maintain active oversight of their care and request changes where required.

Care & Support — Good

Personal plans consider peoples' outcomes, risks and specialist needs. Some sections of the personal plan are very detailed, providing important information for care staff so they know how the person wants to be supported. The provider told us they complete care reviews, but we found some important updates regarding peoples' care had not been included, and this requires improvement. The provider is taking action to address this and is implementing improved measures to ensure reviews are thorough. This will strengthen the quality of care planning and risk assessment. The RI informed us training is also going to be provided to all staff to ensure their skills and knowledge are in line with current policy. Care staff regularly document the care and support provided within daily records. The service is working on ensuring these are being completed consistently, and accurately, to evidence outcomes are being achieved. We will consider this at the next inspection.

There is a medication policy in place and care staff receive medication training and competency checks to ensure their skills remain up to date. Care staff complete electronic records to evidence what medication has been administered. The management team have live oversight of this and monitor for any errors. During inspection we found the medication record is not always completed in line with the providers policy and current guidance. The manager told us they would ensure daily checks would be completed to ensure a timely response to any future errors or discrepancies. We saw regular involvement from health professionals, and the provider internally employs their own nurses to support with clinical governance and compliance. The provider is quick to involve professionals and commissioners where needed to gain information or seek support and advice. One professional described care and support as *"Excellent,"* and said "*The staff continuously ensure that my client can maintain a great level of independence and autonomy, they also provide compassionate support, maintaining my client's mental well-being"*

The provider has good systems in place for recording concerns and complaints. Some concerns are sent externally to ensure an unbiased view. A 'Stay Safe' weekly panel meeting ensures managers and senior managers review any concerns with the clinical governance team. The service runs a separate quality and complaints team who focus on complaints, ensuring appropriate action can be taken where needed. Managers are aware of when to report concerns to Care Inspectorate Wales and Safeguarding teams. Care staff receive safeguarding training and feel confident reporting concerns to managers. People told us they felt they could raise issues if they needed to. One relative told us if there are any problems you get answers "Virtually straight away."

Leadership & Management — Good

An experienced and professional RI leads a strong, passionate team of managers. Managers are described as supportive and effective by relatives and staff. We found the provider invests in systems and processed to ensure they are fit for purpose and aid in improving quality. The current systems enable people, their relatives and care staff to access important information. The management team complete visits to people in their own homes to gain feedback. We found these to be detailed and well considered. The Quality of Care Review is completed by the manager. We spoke to the provider about the need to strengthen this document by using evidence to justify their findings. In addition, we discussed the requirement for the RI to evidence their involvement and oversight of this document to ensure improvements are identified, embedded and sustained.

Care staff told us they receive regular training and supervision, and we saw these to be mostly up to date. Care staff files show staff are mostly safely recruited. We note some areas regarding staff fitness which require improvement. Feedback regarding staff competency is mixed; some people, relatives and staff describe staff as well trained, but some do not. Competencies are not always conducted in the most effective way and in line with guidance; for example, through discussion rather than observation. Care staff are registered with Social Care Wales, the workforce regulators. A complete review has been carried out to ensure care staff are appropriately registered under the correct category. At the time of inspection, we identified some Disclosure and Barring service (DBS) checks were overdue. The provider took timely action to address this and completed risk assessments to reduce any risk. The provider has listened to our feedback and has already started implementing changes to improve. The competency framework is being reviewed in partnership with nurses and the training department. Every staff member we spoke to said they feel supported, with some saying how the service has improved since new management has been in place. One staff member told us the office team are *"Absolutely fantastic"* and support with staff well-being, another said *"I love Newcross."*

We found rotas in place show people are supported by consistent care staff. One relative said we are in a *"Settled situation for the first time, its brilliant."* Everyone we spoke to knew who was coming and when. Some feedback shows at times, covering shifts during annual leave and/ or sickness means people do not see their regular staff. The provider assured us they are working on developing care staff competence and promoting transferable skills, enabling larger, stable teams to aid consistency. We found good systems in place to identify those at higher risk and therefore deemed as priority. The provider is working with people and their families to develop trusted relationships and expand competent staff teams.

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 may not receive care and support in line with their assessed needs and personal outcomes because reviews fail to identify important changes to people's care	16/07/26
People may be at risk if care staff do not receive the required checks to ensure they are safe, skilled and fit to work with adults at risk.	16/07/26

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

Welsh Government © Crown copyright 2026.
You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gov.uk
You must reproduce our material accurately and not use it in a misleading context.