Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Miller Home Care Ltd

North Cymric House, Bethany Square, Port Talbot, SA13 1PQ

01792984570

millerhomecare.co.uk

The inspection visits for this service took place between 16/06/2026 and 18/06/2026

Service Information:

Operated by:	MILLER HOME CARE LTD
Care Type:	Domiciliary Support Service
Registered places:	0
Main language(s):	English
Promotion of Welsh language and culture:	The provider promotes, anticipates, identifies, and meets the Welsh language and culture needs of people.

Ratings:

Well-being	Good
Care & Support	Good
Leadership & Management	Requires Improvement

Summary:

This inspection considered the extent to which Miller Home Care Ltd provides safe, high-quality care and effective leadership across the three wellbeing domains. People using the service reported positive experiences, indicating they feel safe, respected and supported by staff who respond to their needs and maintain strong, trusting relationships.

Since the previous inspection, the provider has successfully addressed three areas of non-compliance**,** including ensuring provider assessments are completed within required timescales, strengthening recruitment records, and improving supervision and appraisal arrangements. These actions demonstrate improved compliance with regulatory requirements and provide greater assurance that systems are in place to support safe care delivery and staff development.

While outcomes for people remain positive overall, improvement is required to strengthen governance, quality assurance and oversight systems to ensure care is consistently delivered, effectively monitored and continuously improved.

Overall, the service demonstrates strong, person-centred outcomes, supported by caring staff, positive relationships, and responsive management, with people feeling safe and well supported and professionals reporting a good understanding of needs and effective partnership working. The service demonstrates a commitment to improvement and continues to support people to achieve positive wellbeing outcomes.

Findings:

Well-being — Good

People are supported to maintain control and independence, with evidence that individuals participate in decisions about their care and daily routines. Systems for assessment, care planning and review promote person-centred delivery. Positive outcomes are reflected in feedback, with people describing care as "*good*" and stating that staff "*see to all I need*," indicating their needs and preferences are met. However, case tracking indicates inconsistent involvement in care planning for some individuals**,** which may limit full autonomy and choice.

People experience positive wellbeing outcomes, reporting they are "*happy,"* feel safe and receive care that meets their needs, with staff described as respectful, professional and responsive. Individuals highlight strong relationships with staff and good communication, contributing to confidence and emotional wellbeing. Visiting professionals reinforce this positive picture, noting the provider has a good understanding of people's individual needs, adopts a person-centred approach and maintains effective partnership working with external agencies, alongside proactively supporting care packages to remain in place. Overall, combined feedback evidence responsive, person-centred care that promotes safety, stability and positive wellbeing, supported by knowledgeable staff and engaged management.

Systems are in place to safeguard people, and individuals report feeling safe with the support provided. Feedback confirms people feel treated with dignity and respect, reinforcing positive wellbeing outcomes. Effective communication and responsiveness to concerns further support safety, with people noting issues are addressed quickly. There is no significant safeguarding concerns identified, indicating that protective arrangements are effective.

People benefit from positive relationships with staff**,** reporting they "*get along well"* and experience consistent support, which contributes to emotional wellbeing. Care promotes maintaining relationships with family and others, and feedback from relatives confirms compassionate, respectful care and good communication.

The service is working towards providing an active Welsh language offer, with some bilingual resources available and limited bilingual signage in place. There is evidence that the provider is taking steps to recognise and meet cultural needs, including staff learning Welsh and access to Welsh language materials. However, capacity remains limited, with only one bilingual staff member and incomplete visibility of bilingual provision, which may restrict consistent access to Welsh language care for all individuals.

Care & Support — Good

Care is designed around individual needs, with care plans, risk assessments and reviews in place. Outcomes for people are positive, with individuals reporting they are satisfied, "*staff are brilliant"* and provide "*fantastic"* care. Continuity of care and positive relationships contribute to wellbeing. Visiting professionals told us about positive outcomes for people, noting a good understanding of individuals' needs, proactive management, and effective partnership working with external agencies, alongside responsive approaches to maintaining care packages and building positive relationships with people. Overall, combined feedback evidence person-centred, responsive care that promotes safety, wellbeing and continuity, underpinned by knowledgeable staff and proactive management.

There is evidence of safeguarding systems, trained staff and appropriate policies, and people report feeling safe with the support provided. Positive feedback highlights that concerns are addressed quickly and communication with relatives is effective. However, governance findings indicate inconsistent oversight of care delivery, including missed or shortened visits and variable staff practice**,** which may present risks if not effectively monitored.

Medication practices are safe, with MAR charts completed correctly and staff trained to support administration where required. Most people manage their own medication with staff providing reminders, supporting independence and autonomy. However, wider service data indicates inconsistencies such as "pending meds" and variable competency levels**,** suggesting weaknesses in oversight and assurance of safe medication practice across the workforce.

Infection control arrangements are effective, with staff observed using appropriate PPE, following guidance, and having sufficient supplies available. These measures support safe care delivery and minimise infection risks. The environment and practice were assessed as compliant, indicating appropriate standards are usually maintained.

People experience positive care outcomes, feeling safe, respected and well supported**,** with strong relationships with staff and responsive service delivery.

Leadership & Management Requires Improvement

Governance arrangements are structured and policies broadly in place, with a clear Statement of Purpose and defined roles. However, governance is descriptive with limited evidence of implementation, measurable outcomes, or Responsible Individual (RI) impact, reducing regulatory assurance. The provider demonstrates systems for care planning, monitoring and feedback, but inconsistent oversight of care delivery (e.g. visit timing variances and record weaknesses) indicates governance processes are not consistently effective in assuring safe, reliable outcomes.

There is evidence of Quality Assurance systems including audits, Quality of Care Review Report and RI Statutory visit activity, and monitoring tools; however these are not sufficiently robust or consistently applied**.** Key shortfalls include limited analysis of patterns/trends, weak complaints recording, and incomplete or inconsistent audit systems**,** impacting the provider's ability to demonstrate learning and improvement. Training matrix, supervision tracking and care delivery data further indicate ineffective oversight, gaps in compliance, and unreliable records**,** undermining assurance of staff competence and service quality. We expect the provider to take action and will follow this up at the next inspection.

There are sufficient staffing numbers and recruitment processes are compliant, with evidence of induction, supervision and appraisal systems. Scheduling systems support visit planning and continuity. However, inconsistent training compliance present risk to consistent care delivery and staff competency. Workforce instability and high travel demands may impact staff wellbeing and continuity of care.

People are usually supported by staff with sufficient time, with scheduling systems considering travel and continuity. However, variability in visit timing, short/extended calls and rota complexity indicate weaknesses in planning and oversight, which may affect consistency and person-centred delivery. Leadership demonstrates positive culture, engagement, and outcomes for people, but is undermined by weak governance systems, inconsistent Quality Assurance processes, and gaps in workforce oversight, limiting the provider's ability to evidence safe, consistent and improving care.

People consistently report high levels of satisfaction, feeling safe, respected and well supported, with care described as responsive, reliable and person-centred. Positive relationships with staff and continuity of care contribute to improved wellbeing and confidence. Staff feedback aligns with this, highlighting a strong, supportive management culture, good teamwork and high morale, with most staff feeling valued, well supported and able to develop in their roles. Staff express confidence in the quality and safety of care delivered and a willingness to recommend the service.

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 experience poor wellbeing outcomes because quality assurance systems are ineffective, failing to systematically monitor performance, analyse risk, or drive improvement, resulting in limited assurance of service quality and compliance with Regulation 8.	16/06/26

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

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