Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Cariad Care Services Ltd

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The inspection visit took place on 29/06/2026

Service Information:

Operated by:	Cariad Care Services Ltd
Care Type:	Domiciliary Support Service
Provision for:	Supported Living
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:

Well-being is good because people are supported to live safe, healthy and fulfilling lives with choice and control. They experience respectful, person-centred care, feel safe and valued, and are supported to achieve meaningful outcomes. Strong relationships, effective safeguarding arrangements and inclusive practices promote people's independence and well-being.

Care and support is good because people receive personalised, flexible and responsive care that helps them achieve their personal outcomes. Staff know people well, personal plans are detailed and person-centred, and effective partnership working supports positive outcomes. People and relatives consistently describe the care provided as high quality, reliable and compassionate.

Leadership and management requires improvement because although people, relatives and staff speak positively about leaders, and staff wellbeing is promoted, governance and quality assurance systems have not consistently identified or addressed shortfalls in staff supervision, Social Care Wales registration and medication governance. Improvements are needed to provide robust oversight and assurance across the service.

Findings:

Well-being — Good

People are supported to live healthy, safe and fulfilling lives while maintaining choice and control. The service demonstrates a strong commitment to person-centred care, treating people with dignity and respect and supporting them to achieve meaningful outcomes. We saw photographs of people being supported to spend time outdoors and enjoy their local communities, promoting wellbeing and independence. The provider has sourced specialist equipment to overcome barriers to mobility, enabling and supporting people to attend significant occasions such as weddings and funerals. One relative told us, *"My relative is safe and really looked after, it's not just a physical thing, it's her mental health too, it's a team effort, they 100 percent promote good wellbeing."* We also viewed a compliment received by the service which stated, *"She has found her confidence and baseline to 'live' again, and your team has played a huge part in assisting her to move forward."* Staff told us, *"We try to accommodate their wishes. We don't push or do anything they don't want to do."* One person receiving support said, *"They're respectful and they listen."* This demonstrates a culture where people's views, preferences and wellbeing are valued and promoted.

People are protected from abuse and neglect. People consistently told us they felt safe. Comments included, *"I do feel safe yes, very safe. They're patient as well"* and *"I feel really safe with the carers."* A relative told us, *"You can tell them if you have any concerns and I think they would 100% be acted on."* Information about raising concerns and making complaints is available in the service user guide kept in people's homes. We reviewed records of concerns and found these had been managed appropriately. The provider has robust safeguarding and complaints procedures, ensuring people have clear routes to raise concerns.

We observed warm and meaningful interactions between people and staff, demonstrating trusting and supportive relationships. Equality, diversity and inclusion are promoted through staff training and a diverse workforce. We saw evidence of the provider working alongside advocates and other professionals to meet people's needs and help them achieve important outcomes, including purchasing essential items such as food and toiletries during a period of need. The service promotes the Welsh language, with four Welsh-speaking staff, Welsh-language paperwork available when required, and staff encouraged to use basic Welsh phrases to support communication, inclusion and a sense of belonging.

Care & Support — Good

People receive the quality of care and support they need to achieve their personal outcomes. Personal plans are detailed, person-centred and developed with people, who told us the assessment process focused on understanding them as individuals and what matters to them. Plans are written in the first person and include positive, empowering language, particularly within the “About Me” sections. Outcomes important to people are clearly identified. People and relatives consistently described the service as responsive, flexible and ‘going above and beyond’. One relative told us, *“They are easy to approach and speak with, the office are doing a good job. They are flexible with us,”* and described how staff quickly arranged additional support when circumstances changed. We saw evidence of effective partnership working with health professionals, to ensure people’s needs are met and outcomes achieved. During a visit, we observed staff appropriately escalating concerns regarding skin integrity, demonstrating a proactive approach to health and wellbeing. A relative told us, staff *“keep a close eye on their skin,”* while another described the care as *“phenomenal, absolutely phenomenal.”* One person receiving support said, *“Marvellous, got to say it. I ask them to do anything, they do it. I can’t fault them.”* Staff reflected this culture, telling us, *“The genuine care provided to all of our clients exceeds that of all the other companies I have worked for; the best interests of the clients are 100% top priority.”*

People are protected from harm and abuse. Appropriate safeguarding arrangements are in place. Risk assessments provide staff with guidance on how to support people safely. Safeguarding practice is regularly audited, and staff demonstrated a good understanding of their responsibilities, including the action they would take if they had any concerns. Staff have completed safeguarding training. A whistleblowing procedure is in place, supported by staff information displayed in the office. These measures help ensure people are protected from abuse, neglect and avoidable harm.

People’s risk of infection is minimised**.** We observed staff using personal protective equipment appropriately and following good infection prevention and control practices. Supplies were readily available and staff had completed relevant training. We observed staff taking time to administer medicines carefully, including where medication regimes are complex. While we identified some medication recording errors, these had not resulted in harm to people and have been addressed through an Area for Improvement under the Leadership and Management theme.

Leadership & Management Requires Improvement

People, relatives and staff spoke positively about the management team, who were described as visible, approachable and supportive. One person told us, *"The managers are all fabulous. They go out of their way."* Staff echoed this feedback and told us they felt able to approach managers for advice and support. During the inspection, we observed a culture that actively supported staff well-being, including an open-door policy and a range of staff wellbeing initiatives. These included a welfare box containing essential items, access to a 24-hour counselling service, financial recognition for exemplary practice, and team-building activities. One staff member told us, *"I think all the girls and the men who work here, we all get along really great, there's no divide in us."* The Responsible Individual and management team maintain oversight through some audits, spot checks, team meetings, management meetings, regular discussions with staff and people receiving care and support, and quality of care reviews.

However, inspection identified several areas where oversight and governance require strengthening. The provider was open and transparent about recent recruitment and retention difficulties, which have placed pressure on the service. Although staff generally feel supported, some told us staffing shortages have been challenging. We found supervision was not consistently completed in line with requirements and not all staff were registered with Social Care Wales, the workforce regulator. We also found overdue annual medication competency assessments, medication recording errors and insufficient risk assessment documentation relating to medication support. Improvements are required to ensure medication-related risk assessments accurately reflect current arrangements, including when family members administer medication, and that medication competency assessments are completed in line with the provider's policy.

While the provider has identified some of these issues and has begun taking steps to address them, existing quality assurance systems had not identified or addressed them consistently and in a timely manner. As a result, three Areas for Improvement have been identified in relation to staff supervision, workforce registration and medication governance. Consequently, outcomes for people require improvement, as the provider cannot yet demonstrate sufficiently robust oversight across these areas of the service. We expect the provider to make improvements.

Staff are recruited safely and complete an induction programme aligned with the All Wales Induction Framework. Training compliance is generally good, with staff completing a range of appropriate mandatory training and access to specialist training to support them in meeting people's individual needs. We reviewed call schedules and travel times and found there was generally sufficient time allocated for staff to meet people's needs and engage in meaningful care and support.

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
We have used the CIW risk matrix and deemed the risk to be low and unlikely to occur again. However, the absence of regular supervision may limit management oversight and reduce opportunities for staff to discuss practice, receive feedback and identify development needs. This could lead to inconsistent practice and impact outcomes for people receiving care and support. Improvements are required to ensure staff receive regular, documented supervision.	29/06/26
We have used the CIW risk matrix and deemed this risk to be minor and unlikely to occur again. However, the number of staff working who are not currently registered with Social Care Wales reduces assurance that staff meet the required professional standards. This may impact the quality and consistency of care and support and, in turn, outcomes for people receiving care and support. Improvements are required to ensure all eligible staff are registered with Social Care Wales.	29/06/26
We have used the CIW risk matrix and deem this risk to be minor and unlikely. However, a lack of robust governance relating to medication competency assessments, recording practices and recorded risk management arrangements could increase the risk of medication errors and inconsistent practice. This may impact the safety, well-being and outcomes of people receiving care and support. Improvements are required to strengthen medication governance.	29/06/26

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

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