Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Nytingdale Care Ltd

14 Maes Cantref, Llanilid, Pontyclun, CF72 4AD

07541275101

The inspection visit took place on 15/07/2026

Service Information:

Operated by:	Nytingdale Care Ltd
Care Type:	Domiciliary Support Service
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:

Nytingdale Care Ltd are a domiciliary care service who provide personal care, practical and social support to adults over the age of 18 with physical and mental health needs in their own homes. It is based in the Cardiff and Vale Regional partnership area.

People receive good care and support from the service which enhances their overall wellbeing. They have plans detailing their individual care needs, tasks and personal outcomes. Risk assessments identifying risks to people and how these can be managed or reduced are also in place. This is an improvement since our last inspection. Plans are reviewed regularly, and involve people and others involved in their care. People and their representatives are complimentary about the service, care staff and the management team.

Leadership and management at the service have improved since our last inspection and is now good. Staff feel very well supported, confident and happy in their roles. Regular individual supervision, monitoring, and team meetings are carried out with staff. A variety of classroom-based and online training is provided for all staff. There are more robust systems in place for monitoring and reviewing the quality of the service. The Manager who is now also the Responsible Individual (RI), meets with people and staff and carries out quality of care reviews as required.

Findings:

Well-being — Good

People are supported to have as much control as possible over their day-to day lives. The service carries out provider assessments prior to starting a service to ensure it can meet people's needs. People and their representatives are involved in developing and reviewing their care plans. Documentation such as a Statement of Purpose and written guide are available and provide information on the service and how to raise a complaint. The service has a complaints policy and procedure in place.

People are supported to engage in and participate in activities that promote happiness and well-being. One family member talked of their relative enjoying chatting with the care staff, watching films, and being supported to carry out tasks such as household chores.

People's communication needs are considered and is evident in provider assessments and care plans. The service is working towards anticipating, identifying, and meeting the Welsh language and cultural needs of people who use the service. Some documentation such as some of the service policies and the written guide are available in Welsh and other documentation can be requested. The service is not currently providing support to anyone who's first language is Welsh.

People are protected from abuse and neglect. Care staff are recruited in line with regulations to ensure they are suitable to work with vulnerable people and receive training appropriate to the needs of the people they support. There are mechanisms in place so people can voice their concerns. Medication and infection control policies and procedures are in place.

Care & Support — Good

People experience good quality care and support. An assessment is completed prior to a person starting with the service to ensure the service can meet their needs. A personal plan is developed with the person and if appropriate, their representatives. We saw these are detailed and person centred, and mostly consistent with the commissioning Local Authority (LA) plans and the service being provided. Risk assessments identifying risks to people and how these can be managed or reduced are also now in place. This is an improvement since our last inspection. Plans and risk assessments are reviewed regularly with people and those involved in their care.

People are supported by skilled staff who have a good understanding of their individual needs and preferences. There is a small staff team which provides continuity of care to people. People told us care staff usually arrive on time, stay for the allocated time on their care plan, and do the things that people want them to do. Positive feedback received during our inspection suggest care staff and the management team have good working relationships with the people they support and their representatives.

People are supported to maintain their health and wellbeing. The service has good links with local health and social care services such as occupational therapists, social workers, and LA commissioning teams. People can be supported with their medication if required. There are policies in place aligned with best practice guidance and care staff receive training and competency checks to ensure they remain sufficiently skilled. The risks of infection are reduced and managed as staff understand and implement safe practices to prevent infection. This includes the appropriate use of personal protective equipment (PPE) such as gloves, aprons, and masks as required.

Leadership & Management — Good

Leadership and management at the service have improved since our last inspection. The registered Manager who is now also the RI at the service, has been working closely with the LA and has made significant progress in addressing issues identified in their corrective action plan. This includes those around standards of care and support at the service, supporting and developing staff, and regulatory requirements of the RI.

The service makes sure there are enough suitably qualified and trained staff to deliver good quality care and support. Staff receive a mix of classroom based and online training relevant to the needs of the people they care for. Staff told us the opportunities to learn and develop at the service are excellent/good. Care staff receive rotas on an electronic application on their phones, and have sufficient time for care, travel, rest breaks, days off, and training. Staff receive regular individual supervision, 'spot checks', attend regular team meetings, and say they feel very well supported. Feedback received from care staff during our inspection is positive.

Appropriate recruitment and vetting processes ensure staff are qualified, trustworthy and suitably fit to work at the service. Staff files contain regulatory required information including references from previous employers, full employment histories, and up to date Disclosure and Barring Service (DBS) checks. Care staff complete a structured induction when they commence employment including training and shadowing other staff. The Manager/RI and care staff are registered or in the process of registering with Social Care Wales (SCW) as appropriate, which is done to ensure they have the skills and qualifications needed for working in the care sector.

The service has quality monitoring systems in place. The Manager/RI engages people, families and staff in quality assurance processes through home visits, telephone calls, satisfaction surveys, and team meetings. Records show they meet with people and staff and carry out quality of care reviews to identify any areas for improvement or ongoing work at the service. People told us they feel confident raising any concerns with care staff or the management team, and communication has improved since our last inspection. We discussed with the Manager/RI that clearer recording of following the service's polices/procedures, such as those for complaints, incidents, safeguarding and staff disciplinaries, is needed to support analysis and reflection during quality-of-care reviews. We saw some audits are completed by the Manager/RI such as for care files. Service policies and procedures provide guidance to staff and ensure practice remains safe and effective. The provider's Annual Return has been completed for 2026, as required.

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.

CIW has no areas for improvement identified following this inspection.

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

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