Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Nos Da Healthcare Ltd - Supported Living - North Wales

Nos Da Healthcare, 7 Under Cardiff Road, Bargoed, CF81 8WZ

01978809478

https://www.nosdahealthcare.co.uk/

The inspection visits for this service took place between 17/11/2025 and 25/11/2025

Service Information:

Operated by:	Nos Da Healthcare 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 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:

Nos Da Healthcare Limited provides supported living to people in their own homes in North Wales.

People are happy with the care and support. They experience good well-being outcomes because of the dedication of the provider to ensure people do things they enjoy and have fulfilling lives. Care staff are dedicated and compassionate. Overall, staff retention is good, and this promotes consistency of care whenever possible. People develop strong bonds with the care staff, which is highly valued. Care and support packages are tailored to meet people's needs and preferences, and sufficient documentation is available to inform care staff. We found minor gaps in some care documentation, and service leaders took prompt action to address them. Care staff receive appropriate training and supervision and know people very well.

Leadership and management are reliable. Quality assurance measures work well; there is a good understanding of service development. The service works with people to identify goals and well-being opportunities which is a strength of the service. Care and support is good because people receive consistent and reliable standards of care. Leadership and management are good because oversight and governance is well organised and proactive. The culture of the organisation is positive with a united approach, with outcomes for people at the heart of the service.

Findings:

Well-being — Good

People live healthily and safely with control over their lives. The service actively supports people to identify their well-being outcomes. Care staff and service leaders know people well and what is important to them, meaning care and support focuses on people's preferences and strengths. There is a clear commitment from the service to listen and support people to make informed choices. People receive the right level of input from care staff to engage with hobbies and interests with great success. We saw people developing strong and meaningful relationships with care staff and told us they feel listened to. Visiting professionals told us the service works well with people and their representatives to make decisions about their care and support. People access advocacy services should they choose, to support them with more complex matters and decision making.

During the inspection, people did not require Welsh language support. The service understands and respects people's culture, communication preferences, heritage, and religious needs, which positively affects their well-being and daily life. The provider is working towards supporting people with Welsh language needs, with some information available bilingually. A few care staff speak Welsh at the service. People told us they are treated with respect regardless of their current or past challenges. Care staff and management are available to them. Visiting professionals advised the service is good at supporting people to take positive risks and build on their strengths. People commented they are doing more daily tasks since receiving support from the service and have valued experiences outside of their home.

People are safeguarded from abuse and neglect. All people we spoke with told us they feel confident to speak with service leaders and care staff if they have an issue. People receive accessible service information about how to raise a complaint. There are effective and responsive systems in place for oversight of complaints. The responsible individual (RI) is also the registered manager and is readily available to people in their homes to discuss the quality of the care they receive. The service acts when issues are raised, and appropriate action is taken. The service considers the needs of all people when working with other professionals when incidents occur, and people's rights and choices are protected appropriately.

Care & Support — Good

People receive consistently good quality care. The service maintains care documentation, such as the personal plan, which details people's preferences, their goals and what is important to them. Daily routines inform care staff of how a person wants to receive their support. The service is actively enhancing the level of detail in personal plans, and we discussed this ongoing development with the responsible individual, who is also the registered manager. The service has a strong development plan which identifies the on-going improvements in documentation. This will ensure personal plans contain necessary details to fully inform care staff of the daily aspects of a person's support needs. We noted minor gaps in personal plans; however, care staff can verbally provide the required information, clearly demonstrating a thorough understanding of each person's daily needs and preference. Daily care records provide a sufficient overview of people's outcomes. Overall, people told us they get the right care and support at the right time.

Care delivery is person centred, and outcome focused. We saw records of reviews of the personal plan, but it was not always clear people, or other professionals are participating in the review. Feedback from people and their representatives told us they participate in reviewing the care and support. We discussed the review record containing people's input with the RI as part of their on-going development plan. We saw detailed information about people's history, social networks and life experiences which inform care staff of vital information, most records were up to date. The service supports people to manage risks, and risk assessments are well written and fully inform care staff.

The service provides effective support to people to access health services and maintain their physical and mental health. We saw onward referrals to health professionals where it was identified people's requirement for input to manage their diet, nutrition, emotional and mental health. The service maintains good records of all appointments and people's choices around following professional guidance and treatment plans.

People receive their medication as prescribed, with appropriate support levels to meet their needs. Medication recording charts are complete. Medication auditing is effective. Care staff receive training to administer medication and are competent. The service is proactive in addressing any matters relating to poor practice resulting in medication errors.

Leadership & Management — Good

The governance and leadership at the service is effective. The RI is the registered manager, and the structure of the team means care staff receive effective support and guidance. We found a positive team culture with high expectations on the quality of outcomes for people. The service recognises the importance of involving people and values their input. The RI formally gathers people's views and is always available to them and care staff. The provider seeks regular feedback from all stakeholders, and this informs service improvement. We saw action plans and outcomes detailed in quality assurance reports and records of these visits. People feel at ease expressing their views with care staff and service leaders because the positive culture of the service is embedded throughout.

The RI produces a quality-of-care review which is informative and detailed. The review informs the provider what the service does well and effectively identifies where they can further develop the service. Auditing systems are in place and work well and effectively identify patterns and trends, driving continuous improvement within the service. Regular meetings keep care staff informed. We saw quality monitoring has identified most of the gaps in records we observed at inspection, with amendments already in progress.

We found safe recruitment procedures and retention of care staff is good. Disclosure and Barring Service certificates are complete for all staff. Care staff across the service told us they feel supported in their role by service leaders. There is effective induction and mentoring for new care staff. Staff meetings provide the opportunity to meet as a team to share experiences and be fully informed of changes which are important to their role. Care staff are registered with Social Care Wales, the workforce regulator. More than half of care staff hold or are working towards a suitable qualification and the service delivers training which meets the specific needs of people using the service. Training and supervisions are up to date. Overall, the provider ensures enough suitably qualified, trained, skilled, and competent staff are deployed to work at the service. Policies and procedures inform care staff of their responsibilities. Policies seen during inspection mostly follow expected guidelines which we discussed with the RI. The statement of purpose contains key service information and is available to stakeholders.

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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