Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Havesters Care Ltd

Havesters Care Ltd, 2 Alexandra Gate, Ffordd Pengam, Cardiff, CF24 2SA

07588516490

The inspection visits for this service took place between 13/01/2026 and 02/02/2026

Service Information:

Operated by:	Havesters care ltd
Care Type:	Domiciliary Support Service
Registered places:	0
Main language(s):	English
Promotion of Welsh language and culture:	The provider is not promoting the Welsh language and culture needs of people, and this requires improvement.

Ratings:

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

Summary:

Havesters care Limited is a domiciliary support service for adults, aged 18 and over. The service offers care and support to people in their own homes in the Cardiff area. People told us they are satisfied with the service they receive, and some are forming good bonds with care staff. Daily care tasks are complete, in-line with people's assessed care needs. Care staff access electronic information, such as personal plans, which contain basic information. Some key information relating to risks are not complete and personal plans are task focused. Well-being and care and support require improvement because people's outcomes are compromised. This is due to shortfalls in staff training, limited governance systems and oversight of the service, which means risk levels to people are increased.

Since registration of the service, day-to-day management has changed several times, meaning the service has yet to have a consistent leadership team. The responsible individual (RI) oversees the service and provides support to the staff team. Overall, care staff told us they feel supported in their role and they value teamwork. Leadership and management require improvement. The provider is failing to meet their regulatory duties to adequately monitor the quality of the service people receive, and staff training requires improvement. This impacts the safety, well-being and care and support outcomes for people.

Findings:

Well-being — Requires Improvement

The provider produces information about the service, such as the statement of purpose (SoP) and a service guide which informs people about the service they will receive. Both documents do not accurately reflect the service they provide, and this was discussed with the RI. They are making updates to ensure people always have the most up to date, and accurate information. People's language and communication preferences are noted during the provider's initial assessment. The service does not currently provide the Welsh Active Offer because care staff are unable to communicate in Welsh.

People told us they feel confident in raising any concerns they have but are not always sure who they are speaking with when they contact the service office. We cannot be assured people are safeguarded from harm because there is a lack of robust and effective systems for oversight of the service. Whilst a safeguarding policy is in place, it requires strengthening. We found some care staff up to date with safeguarding training, but not all. Risk assessments lack the required level of detail to fully inform care staff. Outcomes for people require improvement because safeguarding procedures and quality monitoring activities are insufficient. We expect the provider to make improvements. We cannot be assured the service is consistently operating in line with national guidelines and their regulatory duties.

We saw some documentation where people's views of the service are recorded. But we did not see how people's views are influencing quality monitoring because quality monitoring reports were not made available at inspection. Electronic records are in place for people's personal plans, assessments and daily records. A small number of people including family representatives know and understand how to access their daily care records. Family representatives told us they value being able to read the daily care log.

People are treated with dignity and respect. One person told us the service is "*Flexible*" and they "*Look forward to the visit."* People told us their home life is respected, and daily outcomes are met by care staff. Some people told us they do as much for themselves as they can and are able to direct care staff where needed. One representative commented they would like the service to be more inclusive and involve them as part of a person's wider care network, whilst most advised us, they are kept informed of any updates.

Care & Support — Requires Improvement

The service completes an initial assessment with people prior to care and support delivery to ensure they can meet people's needs. We found assessments contain minimal information, which form the basis for the personal plan and supporting care documentation. We discussed the level of detail contained in the assessments and personal plans with the RI. They are reviewing the ways in which they will in future, capture people's information and develop care documentation to ensure it is more person centred. We highlighted to the RI, staff who are assigned with key responsibilities lack the training and support to effectively assess, plan and review people's care and support needs.

Overall, people told us they feel confident with the service, and they are slowly developing bonds with regular care staff. Care staff access electronic records and follow the care tasks assigned to them. We observed care delivery, and people told us of their experiences. Care scheduling works well; most people receive a telephone call from the service if there are any issues. People told us their daily needs are met. It is not always obvious to people when their personal plans are reviewed, but overall people told us they are satisfied with the quality of the service. People's representatives told us communication is improving and care delivery has "*Settled*" as care staff get to know people better.

People receive the right care at the right time. Care staff keep a daily electronic record of each care call. People receive support with their prescribed medication in-line with their assessed need. The service encourages and supports people to be independent with their medication. Medication recording charts are complete. The medication policy requires strengthening to fully inform care staff and meet national guidelines. Risk assessments lack detail, such as people's allergies to certain types of medication. We found gaps in medication training for staff, meaning people are at potential risk of harm. Although we saw completed medication competency checks, we cannot be assured these are completed in a timely way.

People are mostly protected from the risk of infection. They told us care staff ensure people's homes are left clean and tidy, and waste is disposed of properly. Care staff have ample supplies of personal protective equipment. There is an infection prevention control policy in place, we observed care staff follow the policy most of the time, but some practice issues we saw have been discussed with the RI.

Leadership & Management Requires Improvement

Leadership and management at the service requires strengthening. Governance and quality assurance activities are incomplete. We found a lack of evidence to demonstrate how service leaders monitor, evaluate and identify service improvement, which increases the risks to people. The provider completes several audits, where they look at personnel files, medication, and care notes. We found they lack the insight and depth of service wide analysis to identify where the service needs to improve. The RI completes visits to the service but does not complete a report of their findings. Because visits are not adequately documented, there are missed opportunities to identify patterns, trends, act on people's feedback and improve the service where needed. The quality care review was not available to us upon request. Outcomes for people require improvement because the service has not demonstrated a sufficient level of documented oversight and we expect the provider to make improvements.

The service follows safe recruitment procedures, and we found records are well maintained. All care staff hold a current Disclosure and Barring Certificate. A small number of care staff are registered with Social Care Wales (SCW), the workforce regulator and hold a relevant health and social care qualification. All other care staff are working towards their registration. Care staff told us they feel supported by leaders, and teamwork is valued. Well-being of staff is considered, with travel time and breaks evident. Information about their role is available in the staff handbook. Records of care staff induction and supervision through probation are insufficient. Whilst the service provides an extensive list of on-line training opportunities, with some face-to-face training with the local authority, we found multiple gaps in core training topics for all staff. Additional training for staff with more responsibility which require a higher level of training, understanding and competency are incomplete. This is impacting on the quality of the assessment, personal planning, review and risk assessment. Outcomes for people require improvement because staff training and development is insufficient and we expect the provider to make improvements.

Key policies are in place. The provider is taking proactive steps to ensure the quality and accessibility of policies are in-line with national guidelines and regulatory requirements. The provider cannot demonstrate effective quality monitoring, and we found care staff delivering care and support with insufficient skills, knowledge and competency. The provider has not demonstrated effective procedures for managing events such as safeguarding matters.

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's safety and well-being outcomes are at risk because the provider is failing to effectively monitor the quality of the service people receive.	20/01/26
People's safety and well-being outcomes are at risk because the provider has failed to ensure all staff are appropriately skilled, competent and sufficiently supervised.	20/01/26
The systems for safeguarding people receiving a service are not robust, which increases the risk and compromises people's outcomes.	20/01/26

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

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