Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Redwood Care Solutions Limited

27 Croft Street, Swansea, SA1 1QE

07378245954

The inspection visits for this service took place between 23/02/2026 and 25/02/2026

Service Information:

Operated by:	REDWOOD CARE SOLUTIONS LIMITED
Care Type:	Domiciliary Support Service
Registered places:	0
Main language(s):	Welsh and 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:

Redwood Care Solutions Limited is registered to provide a domiciliary support service in West Glamorgan regional partnership area. People's well-being is supported by a small team. Where possible, choice is provided around call times and the Responsible Individual (RI) and manager strive for consistency with staff. People are involved with deciding and reviewing their personal outcomes.

Well-being and Care and Support are rated as good. The RI, Manager and care workers know people very well and what is important to them. They provide some aspects of care 'above and beyond' what would be expected and how much they care for people is very apparent. Improvements in medication administration processes are required to ensure people's safety and well-being is maintained.

The RI and manager are supportive and accessible. Overall, recruitment is good; however, reference requests need to be more robust. Mandatory training is adequate. We saw overdue training for manual handling and medication were being completed or followed up during the inspection period. Supervision is good with staff feeling supported to have a work-life balance. Staff feel their professional development and potential are being fulfilled. Leadership and management overall is good.

Findings:

Well-being — Good

People in receipt of the domiciliary support service are enabled to live as independently as possible in their own homes. Staff told us, *"We are supporting people to just live at home".* People are given choice around call times where possible, to suit their preferences and routine. One person told us how their morning time was changed to suit them. People have information available to them in their preferred language. Key documents are available in Welsh and we saw these had also been produced in another language to suit the person's communication requirements. Currently there is not a requirement for Welsh speaking staff.
People told us overall there was good continuity of care workers providing care and support; however, this could change at times when new staff are recruited. Call times were mostly as expected and when unforeseen circumstances occur care workers are proactive with contacting people. Staff told us, *"Consistency is addressed in reviews"* and the RI acknowledges in their quality assurance reviews that the priority is to focus on *"strengthening rota consistency".*
People told us, *"They are all good I am happy with them"; "Carers are brilliant – I have three lots of carers…they are the best"* and *"The times are good and most of the time I get the same carers".*

There are effective mechanisms in place to ensure people's voices are heard and respected. People contribute to their personal plan reviews, and their opinions are considered in quality assurance processes. Staff have safeguarding training and know what to do should they have concerns. They are aware of the internal and external processes to follow and told us there is good, open communication with their manager and RI. The RI and manager have demonstrated good record keeping and robust investigation processes where required, to ensure people and staff are safeguarded. Whilst we have identified required improvements with medication processes, the manager and RI demonstrated a proactive approach to work towards ensuring practice is aligned to their medication policy and best practice. This will be followed up at the next inspection.

People are supported to do what is important to them and this is considered with the flexibility of the service to enable people to attend appointments or events. Where people are supported by family this can provide respite and help sustain relationships. One family member told us, *"It's a blessing to have the help".*

Care & Support — Good

People receive care and support to achieve their outcomes. We saw care workers support people above and beyond in many ways. They consider personal circumstances and other support in place, adapt calls and areas they cover to suit individuals. Care documentation consists of a pre assessment form (introduced since the last inspection) which is detailed and person centred. Personal plans are updated as required. We did note, whilst risk assessments are in place, they are mostly generic and not bespoke to the person. Daily recordings are good and they can be accessed remotely so the manager has good oversight and can follow up queries from the office or community. People are involved with their personal plans and the reviewing of these.
Professional feedback includes *"The company regularly receives positive feedback from clients which gives us confidence in the quality of care and support delivered."*

People are at risk of medications not being administered as prescribed due to care workers not administering medication in line with the company's medication policy. This means there is a risk to people's health and well-being. One personal plan detailed the requirement for care workers to put medication in a pot for the person to take at a later time. We also saw medications had been put into dispensers by the staff in advance for the week ahead. This is not in line with the company's policy and procedures as the policy states signing of the Medication Administration Records (MARs) should take place after administration has been witnessed. MARs checked showed multiple pages were not numbered and hand-written medications did not have two staff signatures. Whilst the manager told us they did complete audits we advised these needed to be recorded to evidence the outcomes and actions taken. Outcomes for people require improvement because there are risks people may not receive medication as prescribed and this may impact on people's health and well-being. We expect the provider to make improvements and this will be followed up at the next inspection.
Since the inspection visit the manager and RI have been proactive to implement changes required to work towards ensuring the safety of people when supporting with the administration of medication.

Leadership & Management — Good

People are supported to achieve their outcomes because the service provider has clear governance and oversight. The manager and RI are available and accessible. Information about the service includes an updated Statement of Purpose (SoP), policies and a written guide. Complaints and compliments are captured well. RI visits are documented and the feedback from these help formulate the quality care review report. This report clearly states the service provided, what people say about the service and the level of satisfaction achieved. The report reflects how the service impacts on well-being outcomes and any learning or actions concluded to make improvements. Feedback is gathered from people in receipt of the service, their representatives, staff and other professionals. One professional told us, *"The RI has worked well with my staff and he has proved to be both reliable and accommodating. X clearly recognises the pressures we all currently face in this sector and has regularly offered solutions to complex situations."*

People are supported by staff who are appropriately vetted and provided with required training and support. Recruitment process overall are good with a new starter checklist in place; gaps in employment explored and recorded; identification checks and disclosure barring service (DBS) checks completed. We noted references are not always obtained from the most recent or current employer. The manager addressed this during the inspection and a new proforma is in place. On the whole, good quality individual supervision is provided three monthly but we did note a five month gap for some staff. Regular quarterly spot checks are completed when staff are on care calls and feedback is provided to staff to aid their development and assure the quality of the service.

Staff complete an induction prior to starting employment and shadow an experienced care worker. The training matrix seen does not reflect full compliance with required training. However, when we queried dates for manual handling and medication we were told they were pending or recently completed. We discussed the importance of ensuring bank staff receive all training as required. The manager assured us staff still awaiting medication training are not administering medication. Regular team meetings are held. Areas such as training and the requirements to register with Social Care Wales are discussed and reviewed. Staff are positive about their professional development and support in place for them to progress. They told us, *"They are offering career progression - this gives us incentives and a sense of purpose"; "I have had this opportunity to grow"* and *"They have helped me professionally".*

People are supported by staff who have sufficient time to provide care. We observed staff providing unrushed quality care to people in line with their preferences and support plans. Staff are positive about the work life balance and consideration given to this when planning the staff rota. Staff feedback includes *"They are really understanding about personal issues – good home life balance"* and *"Our line manager is very accessible – they are on speed dial".*

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 are at risk of medications not being administered as prescribed due to care workers not administering medication in line with the company's medication policy. This means there is a risk to people's health and well-being.	23/02/26

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

Mae’r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Welsh Government © Crown copyright 2026.
You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gov.uk
You must reproduce our material accurately and not use it in a misleading context.