Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Domiciliary care

Portland House, 113-116, Bute Street, Cardiff, CF10 5EQ

07949946228

The inspection visits for this service took place between 05/10/2026 and 21/10/2026

Service Information:

Operated by:	Access care 24 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	Good
Care & Support	Good
Leadership & Management	Requires Improvement

Summary:

Access 24 is a domiciliary care service based in Cardiff that provides care and support to people living in their own homes across the Cardiff and Vale region. The service supports adults with a range of needs, including older people, people living with dementia, physical disabilities, mental health needs, learning disabilities and those requiring palliative or end-of-life care.

Well-being is good because people told us they feel safe, respected and well supported by care staff. People and relatives provided positive feedback about the quality of care, and we found evidence that support is generally tailored to people's needs and preferences, helping them maintain their independence and continue living in their own homes.

Care and Support is good because people receive support from respectful and caring staff who understand their needs and promote their independence. Peoples' assessed needs are generally reflected in support plans, helping people achieve their personal outcomes.

Leadership and Management requires improvement because while the provider has governance, monitoring and quality assurance systems in place we cannot be assured that governance systems are operating effectively and consistently to support high-quality care and full regulatory compliance.

Findings:

Well-being — Good

People experience good well-being. They told us they are supported by care staff who are kind, respectful and caring. Many spoke warmly about their experiences, describing care staff as "*very kind", "polite and supportive".* People told us they feel well looked after and valued. One person said, *"They look after me well".* People benefit from support provided by familiar care staff, helping them feel comfortable and confident. Relatives also shared positive feedback, describing care staff as considerate, patient and willing to go the extra mile to support people.

People told us they are able to remain in their own homes and continue with aspects of daily life that are important to them. We found examples of people being encouraged to maintain their independence wherever possible. This includes preparing drinks, making decisions about their day and continuing tasks they are able to undertake themselves. Support plans recognise people's strengths and promote an enabling approach rather than doing things for people unnecessarily.

We saw evidence people's emotional well-being is considered. Support plans identify what helps people feel reassured and highlight what is important to them. We found people's health needs are generally understood by care staff. Care records identify support relating to mobility, nutrition, hydration, medication, falls prevention and other health needs. People and their representatives told us care staff are observant and report concerns appropriately. Family relationships are also recognised as important. Support plans identify the significance of family contact and emotional support in maintaining people's well-being.

The provider recognises opportunities to further develop some aspects of the service. While support plans generally reflect people's assessed needs, there is limited evidence of personal goals, aspirations and wider well-being outcomes being consistently recorded. Information about accessing independent advocacy could be strengthened to ensure people have clear information about the support available to help them express their views if needed. Some people and relatives highlighted occasional communication difficulties, particularly where there were communication differences between people and care staff. Some relatives also told us they occasionally experience difficulties contacting the office. While this has not resulted in negative outcomes for people, further strengthening communication arrangements would support people's involvement and choice.

People tell us they feel safe receiving support from the service. They are provided with information about how to make a complaint, and the service user guide includes clear information about raising concerns and escalation routes. This supports people to have their voices heard when things do not go as expected.

The provider does not promote the Welsh Active offer.

Care & Support — Good

People receive good care and support from care staff who are respectful and committed to promoting their independence. Feedback from people and their relatives was consistently positive, with comments indicating they are satisfied with the quality of support they receive on a day-to-day basis. We found evidence of people's assessed needs being reflected within their support plans. For example, one person's support plan included detailed guidance for care staff on supporting their mobility, catheter care, medication needs, meal preparation and maintaining safety within their home environment. This information provides care staff with clear direction on how to meet the person's individual needs and preferences.

People's emotional well-being is also considered. One person's care plan identified how being alone can cause anxiety and low mood and directed care staff to engage in conversations about family and books to help maintain emotional well-being.

While people's needs were generally reflected in their support plans, care planning and record keeping were not always comprehensive. We found examples where assessed needs, such as oral health support, had not been developed into specific care plans. In addition, records did not always evidence planned support, including hydration monitoring, had been delivered consistently. We also identified an example where a person prescribed a blood-thinning medication did not have a corresponding risk assessment in place. Although we found no evidence people had come to harm, these findings indicate care planning, risk assessment and recording arrangements require further strengthening to provide assurance people's needs are consistently met. Outcomes for people require improvement because although people generally receive positive care and support which meets their needs, care planning, risk assessments and record-keeping are not always sufficiently detailed or consistently maintained. We expect the provider to make improvements.

The provider has policies and procedures in place to safeguard people from harm, supported by staff training and clear whistleblowing arrangements. Care staff demonstrate an understanding of their responsibilities to protect people's safety and well-being, with one staff member commenting, *“Everyone works hard to ensure the safety and dignity of the individuals we support.”*

People generally receive medication support in a safe and person-centred way. The provider has comprehensive medicines management policies covering administration, consent, self-administration, refusals, record keeping, PRN medicines and controlled drugs.

People are also protected through effective infection prevention and control practices. Care staff have completed relevant training, and neither people nor their relatives raised concerns about cleanliness, personal hygiene or infection control measures.

Leadership & Management Requires Improvement

People benefit from a service which is committed to providing person-centred care and positive outcomes. Monitoring arrangements, including audits, spot checks and oversight records, are in place; however, these had not consistently identified gaps found during the inspection.

The provider has policies and monitoring systems covering key areas such as safeguarding, medication management, recruitment and infection prevention and control. We found some policies contain generic information and documentation is not always complete or sufficiently detailed. Quality assurance processes had also failed to identify areas requiring improvement, including gaps in oral health care planning, medication risk assessments and care records. While these findings did not indicate widespread failings in care delivery, they reduce assurance that governance and quality assurance systems are operating consistently and effectively. Outcomes for people require improvement. Governance, auditing and quality assurance arrangements are not yet sufficiently robust to provide consistent assurance care planning, risk management and record keeping meet expected standards across the service. We expect the provider to make improvements.

Training arrangements are in place to support care to provide safe and effective care. Records show care staff have completed training in a range of mandatory and role-specific subjects, including safeguarding, medication management, infection prevention and control, health and safety and food hygiene. This helps to ensure care staff have the knowledge and skills required to meet people's needs and respond appropriately to risks. The provider also maintains supervision and competency assessment records to monitor practice and support ongoing development. These arrangements provide opportunities for care staff to reflect on their performance, discuss any concerns and identify further learning needs.

Care staff are positive about the support they receive from managers and the values promoted within the service. Comments include, *"Everyone works hard to ensure the safety and dignity of the individuals we support"* and *"The managers and supervisors are very helpful whenever any problem arises."* Care staff also highlight positive teamwork and a person-centred approach. One told us, *"We focus on meeting clients' individual needs and promoting their independence and wellbeing."* These comments provide evidence of a caring culture and commitment to supporting positive outcomes for people.

Recruitment arrangements are in place to help ensure people received support from suitable care staff. Recruitment records demonstrate appropriate pre-employment checks are completed before care staff commence work. These arrangements help reduce potential risks to people and provide assurance recruitment decisions are informed and robust.

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 poor care and support because oversight arrangements are not effective in monitoring service quality and driving improvement. .	05/10/26

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

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