Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Spectrum Healthcare Gwent

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www.spectrumhealthcarelimited.com

The inspection visits for this service took place between 13/07/2026 and 20/07/2026

Service Information:

Operated by:	SPECTRUM HEALTHCARE GWENT LIMITED
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	Requires Improvement

Summary:

Spectrum Healthcare Gwent provides domiciliary care and support to individuals living in their own homes within the Gwent area. Services include care and support, health oversight and companion care for people with a range of health care needs.

The service is rated as good for well-being. People receiving a service are complimentary about the support provided. There are regular opportunities for people to share their views about the care they receive. Feedback gathered during inspection was predominantly positive and indicated that people feel supported in their well-being.

Care and support is rated as good. Everyone receiving care has a personal plan and risk assessments that clearly guide care staff on how to deliver support according to individual needs and preferences.

Leadership and management is rated as requiring improvement. Sufficient progress has been made to remove the priority action notice and downgrade the matter to an area for improvement, with actions taken reducing the risk of poor outcomes for people. However, further work is needed to embed and sustain these improvements, particularly in relation to evidencing staff training and competency, and ongoing oversight of the service.

Findings:

Well-being — Good

People we spoke with during the inspection described feeling safe, comfortable and well supported by staff. They told us staff understood their individual needs and responded proactively when changes in their health or well-being were identified. One person highlighted the importance of staff having a thorough understanding of his complex health needs, describing this knowledge as potentially *"life or death"* in helping to keep them safe.

People spoke positively about receiving support from regular and familiar staff. They told us continuity of care had enabled trusting and positive relationships to develop over time, which contributed to their sense of security and well-being. People also reported being involved in decisions about their care and support. People understood how to raise concerns and felt confident doing so, either directly with care staff or through management. Feedback received demonstrated that people are encouraged to express their views and preferences.

Additional, information gathered through the provider's quality assurance processes and Responsible Individual (RI) visits indicated that no complaints had been received since the previous inspection, and no concerns had been raised by people using the service or their representatives. Feedback recorded within RI reports and quality assurance documentation was overwhelmingly positive about the care and support provided.

Care & Support — Good

Everyone receiving care has a personal plan and associated risk assessments in place. Plans reviewed were generally detailed, person-centred and provided clear guidance to staff regarding people's care and support needs. Risk assessments were written with good personal context and reflected individuals' circumstances, strengths and support requirements. Positive behaviour support plans were also written in a person-centred format and provided staff with guidance on proactive and reactive strategies.

Daily records of the care and support provided are more detailed, although we did not see evidence of regular management quality checks to monitor their consistency and completeness. The provider has recently introduced an electronic care management system, enabling staff to access care plans and record daily notes electronically. Management described ongoing support for staff as the system continued to be embedded into practice.

Management acknowledged that the electronic medication administration record (eMAR) system was still being embedded and that there were known gaps within electronic records, requiring continued reliance on paper-based records for verification. A recent medication audit had been undertaken; however, significant sections of the audit tool were not relevant to domiciliary care provision. Management confirmed that the tool would be revised to ensure it is appropriate to the service delivered.

Leadership & Management Requires Improvement

Actions have been taken and improvements have been made to address the non-compliance issues relating to the effectiveness of oversight arrangements and compliance with regulatory requirements. Governance systems have been strengthened and provide better assurance regarding the day-to-day management of the service.

While progress has been made, further development is required to ensure the Statement of Purpose, quality of care review processes and monthly monitoring arrangements are fully understood, effectively implemented and consistently maintained. In recognition of the progress achieved and the reduced risk of poor outcomes for people using the service, the decision has been made to remove the Priority Action Notice and reclassify the matter as an Area for Improvement. This will give the provider the opportunity to address the remaining shortfalls while continuing to embed and sustain the improvements made, ensuring they are applied consistently across the service.

Improvements were noted in the frequency of staff supervision and the completion of spot checks for staff working within the community. However, further assurance was required in relation to staff competency records. Records reviewed showed that a competency assessment had been completed by an individual who was not authorised to assess clinical competencies, and management were unable to provide sufficient clarification regarding this.

In addition, the provider was unable to demonstrate that staff supporting an individual with specific health needs had received the appropriate training to safely use specialist equipment required as part of their care. Management could only provide verbal assurances during our inspection. We expect the provider to make improvements to provide full evidence that staff possess the skills and competence necessary to meet people's needs safely.

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
The responsible individual does not have full oversight of the management, quality, safety and effectiveness of the service.	13/07/26
Evidence of specialist training and competency checking of staff is not sufficiently robust.	13/07/26

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

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