Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

iCwtch Healthcare

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icwtchhealthcare.co.uk

The inspection visits for this service took place between 16/01/2026 and 19/01/2026

Service Information:

Operated by:	iCwtch Healthcare 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	Requires Improvement
Leadership & Management	Requires Significant Improvement

Summary:

I-Cwtch is a domiciliary support service which operates from offices in Swansea. The service is registered to provide support for people in their own homes across the Swansea and Neath Port Talbot areas.

People receiving support from I-Cwtch experience good well-being. People told us they receive care the way they prefer, care staff have enough time to spend with them and do not rush.

Care and support requires improvement. Feedback from people receiving the service was positive, and people told us care staff are friendly and competent. However, people's personal plans are not reviewed within regulatory timescales.

Leadership and management requires significant improvement. We viewed staff files and did not see the required recruitment and vetting documentation required prior to staff being offered a position with the service. At the time of the inspection there was no Registered Manager in post and CIW had not been updated regarding management arrangements. Staff do not receive supervision within regulatory timescales. The training offer to staff requires improvement. We discussed these issues with the Responsible Individual (RI), and they are committed to making the necessary improvements.

Findings:

Well-being — Good

Overall, people experience good well-being outcomes as they live healthily and safely and are supported to achieve their personal aspirations. People are involved in their initial assessment and the subsequent development of their personal plans. Personal plans seen are detailed and easy to follow, enabling care staff to meet their needs appropriately. There are risk assessments in place which are detailed and prioritise people's safety by identifying and managing potential risks. People told us the RI is approachable and they can contact them if they have a concern. People are overall happy with call times and told us care staff were rarely late but if they were they would call to let them know. Communication between the service and people is good and people told us they could easily contact care staff or the RI. A person told us, "*The RI is great, they've been fab from the start, any problems or queries and they will sort it."*

People are supported to develop safe and healthy relationships. People visited told us they usually have the same, regular care staff and they have developed good relationships with them. People were complimentary of the care team, with consistently positive feedback about their friendliness and competence. A person told us, *"There's nothing I would change, the care is good and they do everything I ask them to do".*

Overall, the provider ensures people are safe and protected from harm and abuse. People told us they have a good rapport with the care staff who support them, and they feel safe with them. Policies and procedures are in place to ensure the smooth running of the service. Staff spoken with have a good understanding of these, know how to report a concern and are confident management will deal with any issues appropriately. Staff spoken with have a good understanding of their obligations regarding safeguarding of people. The service provides people with relevant resources to inform them about their rights and support them in voicing their concerns effectively.

Currently, there is no demand to provide the service in Welsh. The provider will look at how they can provide an active offer of the Welsh language and culture should the demand increase in the future.

Care & Support — Requires Improvement

Care and support requires improvement. The provider completes a comprehensive needs assessment with the person prior to offering a service with I-Cwtch. The information gathered in these assessments is used to complete a personal plan. Personal plans seen outline how staff should support people to achieve their well-being outcomes. There are corresponding risk assessments in place which contain a good amount of detail. However, these plans and risk assessments are not reviewed within regulatory timescales and outcomes for people may be compromised because any required updates are not documented in a timely way. We expect the provider to make improvements. We saw recordings of care given in place, we have discussed the method of recording with the provider, and they have agreed to consider a different way of recording this information.

During the inspection we visited people receiving the service. People spoken with told us staff are kind, compassionate and caring, and provide care and support in a way that promotes people's well-being in line with their needs and preferences. Feedback about the care received was positive. A person spoken with told us, *"I have nothing to complain about, and no concerns, everything is going fine".* A relative told us, *"They do everything that we would expect them to, I wouldn't change anything".*

Care staff have developed good relationships with people who told us they felt they could talk to the care staff or the RI if they had any worries. All staff receive safeguarding training and staff spoken with have a good understanding of their role and responsibilities to report any safeguarding concerns about the people they support. The provider has policies and procedures in place that contain up to date legislation. However, not all policies have start dates or review dates recorded. We have discussed this with the provider who has agreed to make the required improvements to the service's policies.

Overall, people's medication is safely managed. There is a medication policy in place. People spoken with informed us staff effectively prompt them to take their medication at the correct time. However, staff do not receive training in medication prior to supporting people with their medication needs. Outcomes for people may be compromised because staff may not possess sufficient knowledge required to safely manage medication. We expect the provider to make improvements.

People's risk of infection is minimised by the service provider promoting good hygiene practices. There is an infection control policy in place which is accessible to staff. Staff receive training in infection control, and people told us staff use personal protective equipment (PPE) appropriately and pro-actively.

Leadership & Management

Requires Significant Improvement

Leadership and management requires significant improvement because the provider's selection and vetting processes for new staff is inadequate. We reviewed staff recruitment files and found insufficient completion of background and recruitment checks. We did not see satisfactory identification documentation; references were not in place for all staff and there were gaps seen in staff employment history. Outcomes for people require significant improvement because the provider has inadequate recruitment and vetting procedures and we have therefore issued a Priority Action Notice. The provider must take immediate action to address this.

The service provider has organisational arrangements, governance and oversight in place, but these need improvement to ensure smooth operations and good quality care. The RI contacts people and their relatives to obtain their feedback which is used to drive improvements within the service. However, these visits do not occur within regulatory timeframes and need to be completed more frequently. Quality of care reviews are completed by the RI, which gives an oversight of the performance of the service. There was no registered manager of the service at the time of the inspection and CIW had not been updated regarding management arrangements. Outcomes for people may be compromised, and we expect the provider to take action. The RI is dedicated and approachable and is committed to making necessary improvements.

We looked at staff files and found staff supervision is not completed within regulatory timescales. Supervision sessions are infrequent or not conducted, leaving staff without means for one-to-one feedback or guidance for improvement and development. We viewed the staff training matrix and found staff did not receive medication training, and moving and handling training is inconsistent. Staff supervision and staff training need strengthening to ensure all staff have the support, training, skills and competence to meet people's needs. Outcomes for people may be compromised because care staff do not receive frequent supervision or appraisal and do not consistently receive appropriate training to equip them with the necessary skills to fulfil their roles effectively. We expect the provider to make improvements.

People are supported by staff who have sufficient time to provide care. Records seen indicate care staff have sufficient travel time to get to their visits. Overall people confirmed their call times were suitable to meet their needs and most of the time the calls would be at the designated time slot or at least within a half hour window. People told us staff do not rush during their calls and care for them the way they prefer. Staff spoken with told us they have enough time to complete their calls effectively and felt supported by the RI.

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 wellbeing outcomes are impacted through infrequent review of their personal plan. The provider must ensure personal plans are reviewed within regulatory timescales.	16/01/26
People's well-being is at risk as staff are not provided with the training, support and supervision required to carry out their job safely. The service provider must ensure staff receive supervision within regulatory timeframes. The staff training offer must be improved to ensure staff have the required skills to support people safely and effectively.	16/01/26
People's well-being outcomes are not being promoted as there is no Registered Manager appointed at the service. It is the responsibility of the RI to appoint a registered manager and to inform CIW of any changes in management.	16/01/26
Outcomes for people may be compromised as regulation 73 visits are not completed within regulatory timescales.	16/01/26

Summary of areas for Priority Action	Date identified
People are at risk of harm as the provider has not completed thorough recruitment and background checks for staff before offering them a contract of employment. This places people's safety and well-being at risk of harm. The service provider must ensure they do not employ staff until they have completed the required recruitment and background checks as outlined in Schedule 1, Regulation 35.	16/01/26

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