



Inspection Report on

Seren Support Services Ltd (Cwm Taf)

**Llewellyn House, Harbourside Business Park
Harbourside Road
Port Talbot
SA13 1SB**

Date Inspection Completed

22/06/2023

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About Seren Support Services Ltd (Cwm Taf)

Type of care provided	Domiciliary Support Service
Registered Provider	Seren Support Services Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	9 December 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People receive good care and support from care staff. The service has made several significant improvements since the last full inspection. Feedback from staff, people using the service and their relatives is generally positive. Several people raised care staff can be early or late. People have outcome-focused personal plans put together with people and their families which are reviewed frequently. People are supported to manage their medication. Arrangements are in place to make sure safeguarding concerns and complaints can be raised. Infection control measures are of a good standard. The service has relevant policies and procedures in place. The service has good auditing systems and meets the legal requirements in relation to Responsible Individual (RI) visits and quality of care reviews. Care staff are recruited following robust recruitment checks, receive regular supervision and training, and generally feel supported in their work.

Well-being

People's well-being is promoted by receiving support in a caring and dignified way. People told us the service supports them to maintain their independence and helps maintain important family relationships, for example by providing a break for a carer or helping prevent an admission to a care home. People praised the conduct of care staff. Personal plans contain person-centred information and guidance for care staff to follow and are reviewed regularly with people and their representatives. Systems are in place for staff to record care delivery, which are used to monitor people's well-being. The service makes timely referrals to other professionals. Some people told us care staff can be early or late, or they are not always told if there is a change to the call time or care staff.

People are protected from abuse and neglect through measures promoting safe working practices. Care staff know their safeguarding responsibilities and how to report issues if they are concerned for a person's well-being. Care staff told us they feel confident if they raised an issue with the manager, it would be responded to. Policies and procedures support care staff to ensure people are safe. Care staff have access to a supply of personal protective equipment (PPE) and receive relevant infection control training. Recruitment is robust, and regular supervision and training supports continued staff development. Incidents and accidents are logged, and appropriate actions taken by the service. Ongoing quality assurance audits ensure systems remain effective and improvements are identified.

We were told the service does not routinely provide a service to people in Welsh, but it promotes the use of Welsh in its literature and could arrange written information if needed.

Care and Support

Care staff have very positive relationships with people and provide good care. People and their relatives told us the care staff are “*tremendous*”, “*like angels*”, “*respectful*”, and they “*can’t do enough for me*”. People’s relatives told us they “*are a big help*” and “*it gives me a break*”. Care staff know the people they support well. People are not always told if there is a change to their rota, or if a care worker is going to be late. Service records showed care staff regularly arrived at times notably different to what should have been provided. People told us how this negatively affects them. We advised the service this is an area for improvement, and we expect them to take timely action to address this.

Care staff have up-to-date knowledge of people’s needs and goals. Personal plans are person-centred and outcome-focused, and relevant risk assessments are in place. An electronic care plan system is used. This is robust and supports staff to deliver all areas of care in a person’s plan. Staff told us they found this easy to use, and people and their representatives find it helpful they can view information on their own devices about their support, such as care notes and rota times. We saw plans are produced in partnership with people and their representatives, are reviewed regularly with them and updated accordingly. This is an improvement acted upon since the last full inspection. Daily recordings give important information about people’s progress and identifying changes in care needs. We saw evidence of appropriate referrals to other professionals and agencies, with recommendations and direction acted upon by the service.

People are supported to take their medication. Medication administration records give care staff instructions on how to administer in line with the prescriber’s directions. Care staff receive training on how to manage and administer medication. The medication policy gives clear instruction on how to manage medication and is reflective of practice by the service. People’s medications are audited as part of management care file audits. These are improvements acted upon since the last inspection.

There are systems in place to help protect people from potential harm and abuse. The service has safeguarding and whistleblowing policies in place. Staff know where to find safeguarding information and have received safeguarding training. Staff told us they feel confident they would know what to do and who to contact if they identified a potential safeguarding issue. We saw evidence of potential safeguarding issues being reported to the appropriate agencies.

There are infection control measures in place to help keep people safe from the transmission of potential sources of infection. Staff have access to a supply of appropriate PPE. People told us staff wear PPE in their homes when supporting with personal care

tasks. Staff have received training on infection control and understand their responsibilities around this.

Environment

The quality of environment is not a theme we explore for domiciliary support services. However, it is noted the service has secure facilities for record keeping, and rooms available for meetings, private conversations, training, and supervision. People using the service and care staff employed can have confidence their personal information is stored securely.

Leadership and Management

People are supported by a well-trained team of care staff who are recruited safely. Staff files show the correct recruitment arrangements and contain all legally required information, such as up-to-date Disclosure and Barring Service checks, proof of identity, and Home Office clearance for care staff from abroad. Care staff start work once pre-employment checks are completed. New care staff complete an in-depth induction programme. Care staff are registered with the workforce regulator, Social Care Wales. Training records show care staff have up to date training in core areas of care. This is an improvement acted upon since the last full inspection. Staff told us they feel well trained and feel able to make requests for additional training. We saw documentation where staff highlighted training needs, and how these were appropriately responded to by management.

Care staff feel supported in their roles. They told us they feel they can approach their managers and feel the support from managers has improved since the beginning of the year. New team leader roles also provide additional support to care staff. Care staff have regular supervision and yearly appraisals to reflect on their performance, identify support they might require, and discuss any issues. This is an improvement acted upon since the last full inspection. All care staff have a contract of employment guaranteeing a minimum number of hours to be worked each week. The provider received a 'highly commended finalist' position in the 'Looking after and improving workforce well-being' category of the Social Care Wales Accolades 2023. The service has sufficient staff to work for the people it supports and told us they feel well-placed with current workforce levels. The provider won a Social Care Wales Accolade 2023 in the 'Effective leadership award' category for its work on recruiting and inducting new staff.

The service has good governance, auditing, and quality assurance arrangements in place to support the running of the service. These systems help the service to self-evaluate and identify where improvements are required. The RI has very good oversight of the service. We saw evidence of the RI undertaking the legally required six-monthly quality of care reviews. The service gathers the views of people and care staff. The service has procedures to deal with complaints and we saw it addresses these. The service is open and transparent, identifying and acting to resolve issues and making the legally required notifications to Care Inspectorate Wales regarding occurrences at the service. This is an improvement acted upon since the last full inspection. The RI undertakes the required visits to meet with people using the service, robustly and innovatively gathering information to assist in identifying improvements for the service. This is an improvement acted upon since the last inspection.

Information for people to understand the service is available. The Statement of Purpose, which details what the service is and how it is provided, has been reviewed and accurately

reflects the service. A written guide is available for people who use the service and their representatives and has been reviewed recently. This contains practical information such as the complaints procedure. Policies and procedures, such as for complaints, infection control, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. Care staff have access to these policies via an application on their mobile phones. These have all been recently reviewed.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
73	Evidence of the Responsible Individual meeting with people who use the service, and meeting with them at least every three months, has not been provided.	Achieved
58	Evidence of regular auditing of the administration of medicines has not been provided.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
21	Care and support has not been delivered in accordance with people's personal plans.	Not Achieved
58	The medication policy does not match the practice employed by the service.	Achieved
16	Personal plans have not been reviewed at least every 3 months.	Achieved
36	Staff at the service have not received appropriate supervision and appraisal, nor received core training appropriate to the work performed by them.	Achieved
60	CIW have not been notified of incidents which are concurrent with Schedule 3, Part (13) of the Regulations.	Achieved

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Date Published 20/07/2023