



Inspection Report on

Serendipity Care and Support Ltd

**Serendipity
42 New Road
Porthcawl
CF36 5DN**

Date Inspection Completed

29/10/2021

29 October 2021

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About Serendipity Care and Support Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Serendipity Care and Support Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service

Summary

Serendipity Care and Support is a domiciliary support service that provides personal care and support to people in their own homes, in the Western Bay area. The service provider has a Responsible Individual (RI), who has oversight of the running of the service. There is also a manager employed, who is suitably qualified and registered with Social Care Wales as required.

The service ensures people receiving support have personal plans that detail their individual care needs, and these are reviewed regularly. People and their representatives are complimentary about the positive relationships they have with care and office staff. Staff are suitably trained, receive regular supervision, and feel well supported, confident and happy in their roles. All staff communicate effectively to ensure people using the service receive correct and timely support. The RI visits the service regularly and carries out her regulatory duties. As this is a domiciliary support service, we do not consider the environment theme, however the office premises appeared 'fit for purpose' during our site visit.

Well-being

People have choice about the care and support they receive. Staff develop plans with the individual and their representative, using good assessment tools and review their care packages regularly. People provide feedback either face to face or through telephone monitoring, which contributes to the quality assurance of the service. The manager completes a number of audits of care practices and call logs, to make sure people are receiving a consistent and good quality service. People's language and communication needs are considered. The service provides the Welsh language offer with information such as the statement of purpose and written guide available in both English and the Welsh language.

Staff document people's needs, risks to their safety and well-being in personalised risk assessments. The service is responsive to changes in care needs. The service uses an electronic care monitoring system, which allows care staff to communicate any queries or issues with office staff and the management team. The system also enables office staff to communicate promptly with care workers about any changes to rotas or care tasks.

Staff help protect people from potential harm or abuse. They receive safeguarding training and have knowledge of the procedure to report any concerns they have. There are policies in place at the service such as Safeguarding and Whistleblowing, which are reviewed regularly.

People can have assistance with their medication if required. There are medication policies and procedures in place at the service, and staff have training and monitoring to ensure they can carry this task out safely and appropriately.

Care and Support

People and their families have positive relationships with staff. People told us that the communication is good. We saw a service user guide that people are given and a statement of purpose, which is consistent with the service provided. Management ensures they inform staff everything they need to know to provide good daily care, and provide channels to feed any concerns or queries back to the office. Staff use a care monitoring application on their phones to access care plans, rotas and daily notes. Feedback from people and their families is extremely positive. One relative said the carers were *'great with mum...have a good laugh with her...good as gold'*. Another told us *'they're wonderful...nothing too much trouble...mum says they're lovely and very caring'*.

Care plans consider people's personal outcomes, as well as the practical care and support they require. We saw evidence these are reviewed regularly and involve people, their families, and other professionals, such as social workers and occupational therapists.

There are measures in place for assisting people with their medication, if needed. A medication policy and procedures are in place that provides clear guidance to staff. Staff have medication training, and supervisors check care workers' competence in supporting people with medication through spot checks. We viewed samples of Medication Administration Records (MAR) charts with some evidencing unexplained gaps and the details of medication or dates missing. This was an area of improvement at the last inspection. The manager told us some local pharmacies are unable to provide MAR charts, and that the service is continuing to try to resolve this in continued discussions with them. The service needs to address this issue and review its policies and procedures in this area. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The service aims to protect people from potential harm and abuse. Staff receive safeguarding training and there are policies in place informing them how to report abuse. Staff told us they could approach management with these issues.

There are infection control measures in place to reduce the risk of transmission of COVID 19. Staff have received training in the correct use of Personal Protective Equipment (PPE) and there is a clear policy and procedure in place. During our office visit, we saw that there were good supplies of PPE. People receiving care and support told us that staff use PPE and practise good hand hygiene whilst in their homes.

Leadership and Management

Staff are knowledgeable in their roles and responsibilities, feel supported by the management team, and benefit from the training and development programme that is in place. Staff told us they have time to gain the knowledge and experience they need before visiting people on their own. There is an induction process in place, which includes training and shadowing other staff. Staff have regular supervision. They have one-to-one discussions with their line managers regarding their wellbeing and professional development, and 'spot checks'. Staff receive training, some of which has been online e-learning during the pandemic. Staff told us they receive rotas in good time via the care monitoring application and management advises them of any changes. Staff told us they feel happy and confident in their roles. One staff member said '*I love it*' and another said they felt the manager was '*approachable and understanding*'.

Recruitment and vetting processes are in place and are robust. An area of improvement around photographic identification (ID) on staff files is resolved since our previous inspection. ... All staff have up to date Disclosure and Barring Service checks. Recruitment is ongoing, and the reduction in staff numbers has resulted in the service reducing the geographical area they cover. However, the manager told us this has not impacted on the financial sustainability of the service.

There are monitoring and auditing processes in place to maintain the quality of the service. The RI visits the service regularly and has good oversight of day-to-day occurrences with staff and people receiving care. Quality of care reports and quality assurance reviews are completed. There have been no complaints or reportable incidents at the service in the past 12 months. People receiving support provide feedback on the service during visits and through monitoring calls. They told us they are happy to call the office with any issues or queries, and feel confident any concerns would be dealt with promptly and appropriately.

Environment

As this is a domiciliary support service, we do not consider the environment theme, however the office premises appeared 'fit for purpose' during our site visit.

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
58	The provider is not ensuring the recording of medication administration charts are completed appropriately.	Not 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
35	Photo identification was not being retained on files	Achieved

Date Published 30/12/2021