



Inspection Report on

Seren Support Services Ltd (Western Bay)

**Seren Support Services Ltd
Llewellyn House Harbourside Business Park
Harbourside Road
Port Talbot
SA13 1SB**

Date Inspection Completed

28 July & 1 August 2022.

Welsh Government © Crown copyright 2022.

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.*

About Seren Support Services Ltd (Western Bay)

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	17 February 2020
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Seren support services ltd is a domiciliary support service for adults over the age of 18 who reside in the county of Neath and Port Talbot. The office is in Port Talbot and this office also oversees the care packages delivered in the county of Powys, which are very few. People are complimentary of the care and support they receive from Seren and have a good rapport with the care team. Care workers deliver care to meet people's needs with the use of well written personal plans that are easy for staff to follow and updated to reflect people's current needs. There are robust procedures in place for safe recruitment of care workers and ongoing training and supervision to help care workers develop in their roles. Appraisals are not up to date at the time of this inspection but a plan to implement these in the coming weeks was discussed and already planned to take place. There is a visible management team who are part of the day-to-day running of the service. There are good systems in place to oversee the quality of service delivered. The evidence obtained to create this report also includes those receiving the service in the county of Powys.

Well-being

People have a voice and are involved in the content of their care package. Personal plans seen are comprehensive and written from the person's perspective and detail how they would like to receive their support. Personal plans are updated to reflect any changes required and are reviewed routinely with the individual either over the phone or in person. People spoken with are complimentary of the care staff and the service they received overall and would recommend it to others.

People are protected from harm and neglect. Care workers spoken with are aware of their responsibilities to report any concerns regarding the people they support and are aware of the reporting procedures to follow. The training matrix indicates that most care staff have received safeguarding training. The provider has numerous policies and procedures in place which are reviewed routinely and updated in line with any new legislation as it is published, this includes the safeguarding policy and the Wales safeguarding procedures. The service follows up-to-date guidance on infection control to minimise the risk associated with Covid 19 and there is plenty of stocks of personal protective equipment (PPE) available for care workers.

People are supported by care workers who are recruited and vetted appropriately with pre-employment checks in place. Personnel files seen contain the relevant documentation and background checks to ensure staff fitness to work in a caring profession prior to employment commencing. Care workers receive routine supervision and those spoken with overall felt supported in their roles. Improvements are required to ensure staff receive annual appraisals to help them in their professional development. Care workers are confident in their roles and feel that training received is sufficient for them to carry out their roles successfully.

There are good systems in place for robust oversight of the service. The provider has implemented an electronic system to assist with the oversight of the service with alerts in place to ensure tasks are carried out at appropriate times. The organisational structure of the service allows staff to fulfil their roles and responsibilities successfully. The responsible individual (RI) has good oversight of the service and there are good systems in place to monitor performance and obtain feedback from people. Both quarterly and bi-annually regulatory reports are completed as required by the regulations in a timely way.

The service is working towards an Active Offer of the Welsh language. This means being able to provide a service and documentation in Welsh without people having to ask for it. People are asked from the first contact with the provider and at assessment if they wish for their documentation to be in Welsh. The provider has provisions in place for key documents to be available in Welsh and should the demand for Welsh speaking care staff arise, this is added to the required recruitment criteria.

Care and Support

People are provided with the quality of care and support they need through a service designed in consultation with them. We looked at seven care files and saw that all are written in the same format and easy for care staff to interpret. Personal plans give a good oversight of the person and what matters to them and read as if the person has written it themselves. All care plans are stored electronically and are accessible to all care workers via a password encrypted app. The responsible individual confirmed paper copies of personal plans are also available in people's homes. Routine reviews of personal plans were seen and updated to reflect any changes required. People spoken with confirmed they were aware of the contents of their care plans and electronic signatures were seen in most care files to confirm this. Overall people are happy with the care they receive from Seren and comments included "*They are doing the best they can to be fair,*" and "*They have had a real positive impact on my life and I am so grateful to them all*".

The service has procedures in place to safeguard people they support. There is a safeguarding policy in place that reflect the Wales safeguarding procedures and care staff spoken with are aware of the new procedures. The RI confirmed care staff provided with electronic devices already have the safeguarding app installed on them. Care workers have received safeguarding training and those spoken with are aware of the procedures to follow if they have concerns about people they support. Care recordings are available to office staff as soon as they are completed so any concerns with people's health can be addressed quickly. The quality-of-care recordings varies, and we saw some excellent recordings by some care workers and these have already been identified by the service manager as good role models to develop and train other care staff to improve the quality of care recordings in the service as a whole.

There are systems in place to support people to access health and other services and manage their medication. The level of medication support required by people is clearly included in personal plans and listed in daily tasks to minimise the risk of human error. We saw t medical history is included in personal plans most of the time, however we did see a gap in one person's medical history despite them being on prescribed medication. Care workers supporting this individual know them very well and are aware of all their medical history and we are assured that this will be updated imminently. Medication training and competency checks are prioritised before care staff assist people with medication. Issues with people's health can be alerted to the office immediately for follow up to ensure timely intervention when it is required. People were complimentary of the support to attend medical appointments comments included "*they are very good in listening and do get back to you. if I need my times changed, they are great and doing their best to facilitate so that I can attend my appointments.*"

The service promotes hygienic practices and manages risk of infection. The service has a good stock of personal protective equipment (PPE) and care workers confirmed that they had plenty of it. The service has updated its infection control policy and procedures, and this is in line with the updated Covid-19 guidance for domiciliary care providers.

Environment

The quality of environment is not a theme that is applicable to a domiciliary support service. However, we visited the office premises which are welcoming, bright and accessible. There was no personal information on display and information at the service is mainly stored electronically on password-protected devices. Care coordinators carry out environmental risk assessments in people's own homes prior to care staff providing a service to ensure a safe working environment for the care staff.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. The provider has policies and procedure in place which have been reviewed as well as the Statement of Purpose (SOP) which reflects the service well. The service uses an electronic system to assist with the smooth running of the service and oversight of care provision. This includes real time reports on care staff location, completion of staff rota's, care plan documentation, dates of scheduled checks, e.g., personal plan reviews and alerts and reminders. The system is effective to ensure that all aspects of care provision and administration is carried out in a timely way and monitored routinely. We had an oversight of the system on the day of the inspection, and it appears to be working well.

The provider has systems in place to ensure robust recruitment of care workers who are suitably vetted, recruited and trained to provide the service to people. We looked at five personnel files and saw appropriate suitability and background checks are in place. These include up to date Disclosure and Barring Service (DBS) checks. The provider is supporting new care staff to register with the regulating body Social Care Wales. We saw almost all existing care workers are registered or are going through the process at present. Most care workers spoken to told us that they receive the training they need to do their work and felt supported and confident in their roles, Comments included *“we get great support, all the managers are great”*, *“All training and updates are good, good quality,”* and *“They made sure I did all my training and that I felt comfortable working on my own”*. Recently, the provider has been recognised with an accolade from Social Care Wales for their effective work around recruitment and retention of staff. Care staff receive routine supervision; however, we saw annual appraisals are not up to date. This is an action for improvement and will be followed up at the next inspection.

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance. The RI is visible in the service daily and monitors systems routinely. We saw the RI communicates with people and care staff to obtain feedback about their experiences with the service. Increasing the amount of people spoken to will enhance the information to drive improvements discussed in the quality-of-care review. The RI completes bi-annually quality of care reports, and these are completed in a presentation format so it can be shared with the care team, so achievements and required improvements to the service can be cascaded down to the whole team.

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

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
------------	---------	--------

36	Appraisals were not seen in personnel files. the provider is aware of this and those requiring appraisals have been scheduled to take place.	New
----	----------------------------------------------------------------------------------------------------------------------------------------------	-----

Date Published 20/09/2022

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

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
-----	------------------------------------------------------------------	-----

Date Published 31/10/2022