



Inspection Report on

Seren Healthcare Solutions Limited

**South Wales Chamber Of Commerce
Unit 30
Enterprise Way
Newport
NP20 2AQ**

Date Inspection Completed

16/07/2024

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About Seren Healthcare Solutions Limited

Type of care provided	Domiciliary Support Service
Registered Provider	Seren Healthcare Solutions Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	02/04/2024
Does this service promote Welsh language and culture?	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 who use the service and their relatives are happy with the care and support they receive from Seren Healthcare Solutions. The feedback received shows the agency provides reliable services to people who live in their own homes. The frequency, type and duration of care and support provided depends on each person's individual needs. The service provider has developed robust systems to plan and review the care and support they provide. Care workers receive good training and are well supported by senior staff and managers. Records show staff are safely recruited.

The service provider has good day-to-day arrangements in place to ensure the best outcomes for individuals using the service. They also have good arrangements for the oversight and governance of the service.

At the last inspection, we advised the service provider that action was required to ensure regulations were all met. During this inspection, we found the service provider has taken appropriate actions to achieve compliance.

Well-being

Individuals receive the support they need and want. Feedback from people and their families show they have good relationships with the care workers and the manager. People told us “*I rely on carers*”, “*Carers help me a lot*”, “*Anything that needs doing, they do*” and “*They know how to support me.*” People also said care workers are punctual and they can contact the manager if needed. What people want and need is recorded in their care documentation. We saw senior staff periodically seek feedback from people by visiting them or ringing them to discuss the care and support provided.

People are supported to remain physically and mentally as healthy as possible. They are supported to access services from external professionals and the provider ensures any issues around people’s health are addressed quickly. One person told us care workers alert them as soon as there is a change in their relative’s presentation. They also explained they observe staff talking to their relative, who laughs and looks happy. The positive relationships people have with staff contribute to their mental well-being.

The provider has strengthened its systems to ensure people are protected from abuse and neglect. Care staff are trained in safeguarding and have clear policies and procedures to guide them. The provider now ensures accidents and concerns are reported in a timely manner to relevant agencies so that they can work collaboratively together including the local safeguarding boards to keep people safe. We saw evidence of the provider taking appropriate action to keep the people they support as safe as they can be. This includes completing risk assessments which outline potential risks and set out what can mitigate and lower these risks.

Care and Support

People receive the care and support they need and want. People are happy with the care and support they receive and speak positively about care workers. They told us they are satisfied with them and would recommend them to others. One person told us care workers enable their relative to have a good life. People also mentioned knowing when care workers are coming and them *“Being punctual”, “Always on time, you could set a watch by them.”* One person told us *“If they are going to be ten minutes late, they tell me.”* Another person spoke to us about needing care workers to come earlier on two occasions. They said the agency accommodated their request. Finally, people know who to contact if necessary. One person told us *“If I have a problem I ring the office and speak to the manager”* and they gave an example when the manager satisfactorily addressed an issue they had. Another person explained they have got emergency numbers to use if they need to contact a manager.

The agency considers a range of information about prospective service users before they receive support. Each person has a set of care documentation which comprises plans drawn up by commissioners and personal plans and risk assessments developed by the service provider. Personal plans include information gathered from people, their relatives and other health professionals. Plans include what people need and want. They also include the steps care workers must follow when supporting people. Plans are reviewed on a regular basis. We saw the service provider has improved the quality of people’s personal plans since our last inspection and ensures reviews take place in a timely manner. The manager and responsible individual (RI) told us this work continues.

Following our last inspection, the service provider has taken action to ensure all incidents and concerns are appropriately responded to and reported to the relevant agencies. The provider now ensures these are reported in a timely manner, meaning all the necessary work to keep people safe can be completed. On a day-to-day basis, the service provider completes risk assessments which outline potential risks and set out what can mitigate and lower these risks.

Leadership and Management

The service provider has improved and further consolidated its management structure and systems to support the smooth operation of the service and to ensure the service operates in line with regulations. The RI oversees the services provided by the agency and its progress and developments. They work closely with the manager who is responsible for the day-to-day operation of the service. The manager is registered with Social Care Wales (SCW). The agency's Statement of Purpose (SoP) sets out how the service operates, outlining in detail what people can expect from it. We saw evidence of the activities taking place to review the quality of the service provided. These included telephone calls to people who use the service, visits to people who use the service to spot-check care workers' work, and audits. The RI carries out visits to the service and collates the views of people who use the service, their relatives and staff. The necessary reports are completed. These provide oversight and analysis of how the service is operating, and any areas they intend to focus on to improve.

The service provider carries out the necessary checks when recruiting staff. The records we examined show the provider carries out checks when recruiting staff. These include a Disclosure Barring Service (DBS) check, seeking references and a full employment history. We noted the provider has taken action since last inspection to ensure their checks are robust enough to comply with regulations.

Care workers receive a good induction to the service and to social care when they first start. This includes training and shadowing more experienced staff to learn the job by experience. There is a high compliance of training completed within the service. Management has good oversight of this using their bespoke systems. Staff are informed when required to complete a training course, and prompted by management when required to ensure training is completed within the required timescales. Staff report high levels of satisfaction with the training they receive and the support from senior staff and managers. Care workers are supported to register with SCW, the workforce regulator, within the required timescales. Since our last inspection, the service provider has strengthened its system to ensure staff receive a formal supervision at least once every quarter.

There is oversight of financial arrangements and evidence of investment in the service to maintain the service effectively, this includes sourcing bespoke systems to plan and deliver care, and to monitor the service provided.

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
26	The service provider has failed to take required actions when dealt with allegations of a significant nature. The service provider must ensure there are most robust procedures and better managerial oversight and review into all incidents and allegations and ensure appropriate follow on actions are taken as the situation requires.	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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
16	There is no evidence that people's personal plans are reviewed regularly in line with the time scales set out in the regulations.	Achieved
36	There is no evidence that staff have supervision every 12 weeks in line with regulations. There needs to be processes in place to ensure staff receive supervision at least every 12 weeks, or sooner if required.	Achieved
6	The provider has not demonstrated sufficient oversight of the service to have identified the issues found during this inspection. Recruitment processes are not in line with regulations, and appropriate references are not always sought. Information during inspection was not forthcoming.	Achieved

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