



Inspection Report on

Seren Support Services Ltd (Gwent)

**Ground Floor
Agincourt House
14 Clytha Park Road
Newport
NP20 4PB**

Date Inspection Completed

21st July 2022

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About Seren Support Services Ltd (Gwent)

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	
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

Care is provided by a service that is focused on achieving people's outcomes. It takes time to undertake assessments with people and acknowledges the importance of staff knowing the people that they are supporting well. Care documentation and the recording of information represents this. People in turn are generally satisfied with the care that they receive and the care staff that visit them. Care is provided by a workforce that are generally happy in their role and given adequate travelling time between calls. Improvements are required to ensure all staff have regular access to one-to-one supervision in line with regulations. Robust procedures are in place for the safe recruitment of staff with evidence of sufficient pre-employment checks being made consistently across all employees examined. Improvements are required to ensure greater oversight in relation to the Responsible Individual's visits to the service. Improvements are required both in the timescale that these are undertaken and in terms of the information considered. This is required in order to maintain a commitment to providing a high-quality service now and in the future.

Well-being

People can be confident of receiving a service that is outcome focused and takes good consideration of people's needs and wishes. We heard feedback of kind and friendly staff visiting with one person stating "*I haven't had one person that I wouldn't be happy to have in my house*". Whilst people report having a number of different care workers, on the whole people are satisfied with the care that they receive and know who to contact if they have any issues. They also have confidence that things will be dealt with. There however appear to be some concerns regarding communication with people stating that they are not contacted if care workers are running late which has at times resulted in family members having to step into help people due to calls being too late.

Personal plans are written in a person-centred manner and demonstrate involvement with people to compile. 'About me' and 'what's important to me' sections help staff get to know people and to understand their needs and wishes. Positive attempts are made in care documentation to not just list people's medical diagnosis, but to understand how it may affect the person in question in everyday life. An outcome focused approach to care is also seen in the way that staff are encouraged to record care on mobile phones provided. Staff record information under each outcome identified in the personal plan. This allows greater monitoring of records by senior staff.

The service encourages promotion of the Welsh language and culture with 'Welsh care plan request' forms. This demonstrates the value that the service places on people's cultural identity and is in line with its desire to become a bilingual service in the future.

People and their families can be reassured that care is provided by a workforce that is safe and adequately vetted. We saw records of up-to-date Disclosure and Barring Service checks (DBS) and a system in place to prompt renewal. At the time of inspection, all staff had an in-date DBS. Measures are in place to protect people from abuse and neglect through an updated safeguarding policy, safeguarding training that is in date for all staff, and also through review of safeguarding referrals made by the service to the local authority.

Care and Support

A thorough assessment of people's needs is undertaken prior to care commencing. This is encapsulated in the documentation contained within personal care files. 'About me' and 'what's important to me' sections demonstrate the service's commitment to supporting people's well-being. The documentation is detailed and clearly outlines the care required under a number of 'outcomes' that must be achieved. This serves as a reminder for the care worker, who is required to record care provided under each of the desired outcomes. Consistency could be seen across all files examined including evidence of personal support plans and consequently risk assessments. Examples of risk assessments include nutrition and hydration, moving and handling and medication management. We saw evidence of some medication being missed for people. Errors were however recorded correctly to prevent further mistakes being made. Evidence is seen of people receiving copies of care documentation including a service user guide. Signed receipt of documentation is recorded within files. Some discrepancies were seen regarding reviews of personal plans and risk assessments. We saw reference made to personal plans being reviewed yearly but under the Regulation and Inspection of Social Care (Wales) Act (2016) (RISCA), this is required at least every three months. Improvements are required to ensure care documentation is reviewed in line with RISCA requirements to ensure accuracy of information.

Care is provided by a workforce that feel generally satisfied in their roles and talk of being placed on regular runs helping them to get to know the people they support. They feel they are given adequate time to travel between calls which is supported by the staff rotas observed. Staff speak of having opportunities for supervision and development, but one person said that supervision often takes place over the phone rather than face to face. Staff have opportunities to undertake training relevant to the role, usually online. However, there was considerable feedback that the organisation is short staffed and that this then places pressure on staff to work on their days off to cover runs. Staff also report that it can be difficult to undertake their designated role due to the pressures of completing all the care runs.

Leadership and Management

Rigorous recruitment practices are in place prior to people commencing employment with the service. Consistency could be seen across all staff files examined. This includes a fully completed application form that ensures any gaps in employment are explained, two forms of photographic identification and two references and evidence seen of the service clarifying information contained within one reference. The service provides a skilled worker scheme whereby it sponsors workers from other countries to come to the United Kingdom to work for them. We reviewed two files of employees sponsored under this scheme and saw a visa on file with evidence recorded within the files of the conditions of this and acknowledgement of restrictions placed on working hours.

Policies and procedures are up to date and on the whole representative of the service provided. The statement of purpose has been updated to include the most recent manager and represents the service provided. Documentation is provided to people as required. Medication and safeguarding policies are up to date and provide clear easy to follow guidelines should errors be noted or should people be placed at risk of harm. A training matrix is in place that outlines all courses that employees receive. Whilst it was evident that some courses were overdue, overall, this was not the case. This is supported by staff telling us they have access to training albeit the majority of the time online. It can be concluded that staff have good opportunity for continuing development and demonstrates the services' commitment to maintaining a skilled and knowledgeable workforce.

Whilst the Responsible Individual appears to have good knowledge of the service and is present on a reasonably regular basis at the service, improvements are required to ensure greater oversight in line with the regulations. We reviewed the latest quality assurance report that outlined that supervision had fallen behind. This is supported by what employees told us that often supervision takes place over the telephone. This does not appear at present to be impacting on people's well-being, but improvements are required to prevent this happening in the future if they do not receive opportunities for regular support and reflection. The Responsible individual is not fulfilling duties in relation to visits to the service. We saw very limited information contained from one recent visit. However, this did not include any contact with people using the service and was not based on an assessment against the statement of purpose as required in the regulations. Whilst at present, there is no evidence to suggest a lack of formal oversight is having an impact on people's well-being, improvements are required to demonstrate the monitoring of the service in line with the statement of purpose and to support the preparation of the quality assurance report. This also needs to be on at least a three-monthly basis.

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
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73	The Responsible Individual is not consulting with staff members or people using the service as required. An assessment of the service against the statement of purpose is not taking place. The timescale that this is required is also not being fulfilled. We saw evidence of very brief analysis from one visit that does not fulfill the requirements of the regulation.	New
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Date Published 02/03/2023