



## Inspection Report on

**Serendipity Care and Support Ltd**

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

## **Date Inspection Completed**

04/02/2022

4 February 2022

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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.

We carried out an inspection at the service on 29 October 2021. We found that medication records were lacking. Medication Administration Record (MAR) charts, evidenced some unexplained gaps, and missing information such as dates, people's details, and some records were handwritten. This poses a risk to people's health and wellbeing. This was an area of improvement in the last inspection. We issued a Priority Action Notice for immediate action to address this area.

## **Well-being**

This inspection was to focus on progress made in relation to medication. As such, we only consider wellbeing in relation to medication.

People can have assistance with their medication if required. There is an up to date medication policy and procedures in place at the service. Staff have training and monitoring to ensure they can carry this task out safely and appropriately. This reduces risks to people's health and wellbeing, and has a positive impact on staff and people who require support with medication.

## Care and Support

This inspection was to focus on progress made in relation to medication. As such, we only consider care and support in relation to medication.

There are measures in place for assisting people with their medication, if needed. We saw a medication policy and procedure recently reviewed in place at the service, providing clear guidance to staff. Staff have up to date medication training, and the manager checks care workers' competence through medication competency assessments. The manager told us after discussions with two local pharmacies, all people having support with medication now have printed Medication Administration Records (MAR) charts. We sampled a number of MAR charts. All were accurate, complete and contained no gaps. The service manager is addressing any remaining issues such as use of blue pen or scribbling out by staff, or handwritten medication by the pharmacy, in regular monthly audits with actions and outcomes recorded. Audits and risk assessments completed by the service manager were evident on all care files sampled. Feedback from people using the service and relatives is positive. They identify no issues with the medication support they receive from the service, and feel confident they could raise any concerns with the staff or the office. One person told us care staff are 'really good' and a relative told us 'they are marvellous with him...they have a laugh...it takes the worry off me'.

## **Leadership and Management**

This inspection was to focus on progress made in relation to a care and support area (medication). As such, we did not focus on matters relating to leadership and management.

However, it is evident that the service manager has made significant progress in the area of medication. Regular audits, risk assessments, and any actions or improvements required are recorded by the service manager. The RI, present at the time of this inspection, visits regularly and has oversight of these. The medication policy and procedure has been updated since the last inspection. Staff training around medication is up to date, and the service manager carries out medication competency assessments. Staff feedback is positive. They feel the new procedures work well for them and the people who require support. One staff member told us 'I feel more confident carrying out this task...my manager is brilliant...very supportive'.

## **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
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
58	The provider is not ensuring the recording of medication administration charts are completed appropriately.	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

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