



Inspection Report on

Serene Support Services Limited

**Jesmond Dene
Park View
Tredegar
NP22 3NZ**

Date Inspection Completed

08/12/2023

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About Serene Support Services Limited

Type of care provided	Domiciliary Support Service
Registered Provider	Serene Support Services Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	30 June 2022
Does this service promote Welsh language and culture?	This is a service that 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 receive good care and support from Serene Support Services. People are treated with dignity and respect, through a personalised approach to care and support. People are happy with the support and are consulted about their care. People have control over their own lives and can make their own choices as far as possible.

Care staff have up-to-date knowledge of people's needs; personal plans are available to guide staff. There are systems in place for the management and storage of medication. The service ensures the recruitment of staff is safe and effective.

The service is well-managed and care staff feel supported and valued in their role, they receive regular supervision and training. Governance and quality assurance systems are in place. The Responsible Individual (RI) is also the registered manager, they are approachable and visible in the running of the service.

Well-being

People lead lives of their own choosing and do things which matter to them and they enjoy. Care staff build supportive relationships with people and seek their views and preferences on an ongoing basis. Personal plans of care highlight people's likes, dislikes, and preferences. Risk assessments are in place to promote people's safety. Staff know people well; they respect and actively promote choice. People are supported by care staff to maintain routines which are important to them and encourage them to try new things. Support is provided to access events in the community, attend social events with family and friends. People's opinions are valued with involvement in care planning and review of their personal plans to gain their views.

People are supported to remain as healthy as possible. The service liaises with health professionals to refer any concerns and follows appropriate guidance. People choose their meal options, with care staff promoting healthy choices. People have developed good relationships with care staff whom they know well and this helps to support people's well-being and emotional health. We observed positive, humorous interactions between people and care staff. Processes are in place to manage people's medication and ensure they receive all prescribed medication as directed.

There are measures in place to safeguard people. Appropriate risk assessments are in place where required according to individual needs. Identified risks to people or staff are managed and monitored so they are supported to stay safe, and their freedom respected. Policies and procedures support good practice and can assist staff to report a safeguarding concern. Pre-recruitment checks for care staff are robust and regular supervision and ongoing training supports continued professional development.

This is a service that is working towards providing an 'Active Offer' of the Welsh language. Preferred language to receive care and support is established during assessment. The service has a staff member who is fluent Welsh speaker. The provider can offer key documents in Welsh if requested.

Care and Support

The service provides a good standard of person-centred care and support. This means that people receive a service that is specifically designed to meet their individual needs. People told us *“They help me with different things”* and *“I like the staff”*. Care staff are attentive and respond to people’s needs providing appropriate levels of prompting and support, with genuine warmth and compassion. People look relaxed and comfortable in the presence of staff. Feedback from care staff included *“we support individuals in everyday living, activities in the house and out in the community”*.

Each person receiving a service has a personal plan. Providing care staff with up-to-date information and guidance on how to best support people and set out what is important to each person. People’s aspirations and goals are known but not consistently included within their plans. Plans identify support required to meet needs and risk assessments are in place covering areas specific to the person’s needs. Where there are necessary restrictions in place made in people’s best interests to manage their safety, these appear proportionate. Reviews of plans take place on a regular basis with the individual. Daily recordings of the support provided are in place, giving important information about people’s progress and identifying changes in care needs.

People can access the necessary health services to maintain their health and wellbeing. This includes access to GP services. We saw individuals have been referred to other healthcare professionals as and when needed. Staff interact with people in a natural friendly caring and compassionate manner. It is apparent that staff know the people they care for well and notice any changes in their health and well-being quickly. There are systems in place for the management and storage of medication. Medication is stored securely. Staff receive medication training. Medication Administration Records (MAR) are free from errors. Medication is checked and audited regularly.

Leadership and Management

People can be confident they are supported by a provider that shows commitment to providing quality care and support. We found good governance arrangements at the service. These help to self-evaluate and identify where improvements are needed. The Statement of Purpose and guide to services, clearly states what people can expect from the service and the service reflects its contents.

Reports evidencing regular visits to the service by the RI are available. They show discussions with people receiving a service and care staff and identify any areas for improvement. The RI is a regular presence at services and delivers hands on care and support when required. There have been no complaints recorded in the last 12 months. Policies and procedures, such as for complaints, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they needed to raise a safeguarding concern. The service gathers the views of people, their representatives, and care staff giving the opportunity to influence service delivery. We found sufficient staff numbers to support people receiving a service. The RI supplements the staff team when necessary, covering shifts. Staff told us that they feel valued and well supported in their roles and spoke positively about their employment. All mentioned how *“Great the company was, and they always feel supported by management”*. Other comments from staff included *“good staff morale”* and *“good training, good support and communication.”*

The service ensures the recruitment, induction, support, and training of staff is safe and effective. There are suitable selection and vetting practices to enable the service provider to decide upon the appointment of staff. Staff files contain evidence of necessary pre-employment checks. Employment histories are provided with satisfactory references to further support the individual fitness of staff to work at the service. All staff have up-to-date Disclosure and Barring Service (DBS) checks and proof of identity.

New care staff complete an induction programme. Training records show care staff have up to date training. Supervision records confirm care staff receive regular, individualised supervision. Care staff attend regular team meetings to discuss the operation of the service and progress of the people they support. All care staff are registered with the workforce regulator, Social Care Wales.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
35	The provider did not ensure all required pre-employment safety checks were completed.	Achieved
58	The provider did not ensure medication administration records were completed accurately.	Achieved

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Date Published 03/01/2024