



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

12/09/2023

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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	28 July & 1 August 2022
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

Seren Support services Ltd is a domiciliary support service supporting people over the age of 18 within their own home, in the Neath and Port Talbot area. The office is in Port Talbot and oversees the care packages delivered in the county of Powys, which are very few. For the most part the care and support provided has been positive. We have received feedback from relatives acknowledging improvement of the service given the recruitment challenges the service has faced. There are robust recruitment policies and procedures in place to safeguard people. Staff feel supported by the management team and have the knowledge and skills to support people well.

Overall, there is good oversight of the service, the Responsible Individual (RI) conducts quality assurance audits and has regular involvement with the service. There are good processes in place to support this.

Wellbeing

People have a voice and inform their personal plan. Personal plans give a satisfactory overview of the individual. Regular reviews take place, and the individual or their relative is included in the process. People are happy with the service they receive and are complimentary of the care staff. The RI visits people to obtain their feedback which feeds into their quality monitoring tool. Questionnaires are also circulated to encourage people to share their views to drive improvement within the service.

People feel safe, secure, and protected from abuse and neglect. The provider has systems and processes in place to safeguard people. This includes the safeguarding policy and the Wales Safeguarding Procedures (Social Care Wales). Risk assessments are in place to reduce the risk to people's wellbeing. Personal plans and daily records evidence people get the health, care, and support they need. Safeguarding training for care staff is online. Staff told us they understand their responsibilities around safeguarding people and would report any issues raised. Staff files and training plan shows staff have received mandatory and specialist training. Additional training has been provided around cultural differences. Medication management has needed strengthening which the provider has done with a new medication policy and the creation of a new role around medication auditing.

People are supported by staff who are recruited and checked appropriately with employment checks in place. All staff have a DBS (Disclosure and Barring service) check in place. Personal files contain relevant documentation and background checks to ensure staff are fit to work in social care. All staff are registered with or working towards registration with Social Care Wales, the social care regulator.

There is good oversight at the service. The provider uses an electronic system to ensure care calls are provided. All staff have access to personal plans and risk assessments in real time. The time between calls and the duration of the calls are monitored by the service to ensure quality and suitability of the care and support provided. The RI and manager are working together to support a large number of overseas workers while maintaining a good quality service. The RI visits individuals in their own home who are using the service which feeds into the quarterly and bi-annual regulatory reports.

Care and Support

The provider considers a wide range of views and information to confirm their ability to meet the needs of the people they support. The provider has a good Statement of Purpose (SoP). This document explains how the service will be provided and gives information on the admission and referral process, to ensure the suitability of the service. The guide to services is provided to people and gives them clear information about the service they can expect. The provider also supplies information on how to make a complaint and how it will be processed, this was supported by the documents seen and speaking with people.

People receive the care and support they need through a service designed in consultation with them. We looked at six care files across the service and found personal plans generally contain good detail in relation to the persons needs and preferences. For the most part, personal plans give good information to care staff around the individuals needs and how these needs should be met. We saw regular reviews of personal plans take place with people, documents seen, and relatives spoken with supports this.

There are good systems in place for the management of medication. We saw comprehensive medication guidance and training systems in place to support staff with the administration of medication. Medication training and competency checks are completed before staff assist people with medication. Medication management has been enhanced by the introduction of a medication officer whose sole role is that of ensuring the safety of people who are supported with medication. This was confirmed when speaking to staff who feel the new role has given them the additional support they need. Issues with people's medication are communicated via staff handsets which alerts the office, to ensure timely intervention and changes to documentation to support the wellbeing of people.

People are safe and risks to their health and well-being minimised as much as possible. There are detailed safeguarding and whistle blowing policies that are in date and updated as necessary. Staff told us; *"Safeguarding refers to the measures and actions taken to protect vulnerable individuals from harm, abuse, or neglect"*. And *"I know about whistle blowing, I keep my eyes and ears open"*. Staff received safeguarding training, and this is updated annually online. The training plan and staff spoken with support this. Those staff spoken with have good knowledge and understanding of the importance of safeguarding and of their responsibilities.

Leadership and Management

The service has systems in place to monitor the quality of the care and support being provided to people. The RI takes an active role in the service and carries out weekly system checks with the management team to confirm compliance with regulatory requirements and time scales. Staff supervision, appraisals and the review of care and support plans are part of this audit. Quality monitoring visits and quality of care reports generated by the RI give actions to the management team to drive improvement.

People are supported by a service which meets their needs and by staff with the knowledge and skills to support people to meet their outcomes. The provider has a comprehensive induction and training plan in place. The management team have additional training methods to enhance their induction and training. This is to better support the large number of staff from overseas. Staff comments include, *“we are making every effort to support the linguistic and cultural differences of our staff team to better support people”*. Staff are sufficiently trained, enabling them to carry out their role and responsibilities. The staff training plan and staff spoken with supports this. We looked at six personal files, supervision records show staff are supported on a regular basis and their wellbeing is considered. Staff told us; *“All new starters have a coach”* and *“We meet with new care staff before we go into people’s homes, we discuss the client and query training needed”*. The provider has good recruitment processes in place to safeguard people. Documents show the provider carries out the necessary checks when recruiting staff. These include references and DBS (Disclosure and Barring Service) checks. Checks are carried out regularly and reviewed within regulatory time scales.

The service provider ensures there is a schedule of visits in place that details the time allowed for travel time. Also, if applicable the time allowed for rest breaks. Staff spoken with understand their role around the time allocated for each visit and the travel between each visit. The provider acknowledged and understood the need to review call duration to support the needs of people. People told us this understanding is important to them as changes impact their wellbeing.

The provider has an electronic system in place for managing this. The system is attached to an auto route which highlights calls, to ensure travel and visit duration are within regulatory requirements. This system is audited by the coordinator to ensure travel time is adequate. The coordinator recognised the need for travel time to be realistic around busy times of the day to better support the wellbeing of people and staff.

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

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