



## Inspection Report on

**Seren Healthcare Solutions Limited**

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

**Date Inspection Completed**

07/07/2021

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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	
Does this service provide the Welsh Language active offer?	The service does not provide an 'Active Offer' of the Welsh language.

### Summary

We carried out an announced inspection and found people and their relatives feel respected and are happy with the service they receive. They spoke highly of care staff and the Responsible Individual (RI). The provider started operating within the last year.

Systems are in place to ensure staff safely deliver the care and support people need and want. Each person has care documentation in place. The documentation includes people's likes and dislikes, and details how staff must support them. Staff record the care and support they deliver. The RI also undertakes the role of manager; they have daily involvement with the service and direct contact with people who use the service. In addition, a care coordinator is in post. They continuously review the service provided. They speak to people receiving the service, to staff and they review records. We saw they are able to identify when there are problems and they take immediate action to make improvements. Systems are in place to recruit care staff and to train them. Staff told us they feel fully supported by the RI and the care coordinator.

## Well-being

Individuals receive the support they need and want. They told us they know the care workers and have good relationships with them. People speak positively about the care staff and the support they provide. They told us “*absolutely helpful , whatever I ask*”, “*they do what I ask and what I need*”, and “*all very nice*”. People also told us they know in advance which care staff are due to support them. The things people want and need is recorded in their care documentation, this includes information about any communication difficulties and actions care staff can take to overcome these. One relative told us how care workers communicate well with their deaf relative. One set of care documentation includes key words in a person’s native language. Finally, people told us they can speak to the manager or care coordinator whenever they need to.

People’s physical and emotional well-being is promoted. People’s care documentation includes what support people need in order to remain as healthy as possible. It also includes signs care workers must look out for and which may indicate some health concerns. On a day-to-day basis, staff support people with their medication. They also support people to feel good about themselves by helping them with their personal care. Throughout the pandemic, the service provider worked with external agencies to ensure they followed the correct guidelines, had sufficient personal protective equipment (PPE) and that staff were tested. People told us care staff always wear PPE.

People are protected from abuse and neglect. Staff are able to demonstrate a good knowledge of safeguarding, they are trained and the service has clear policies and procedures to guide them. There are risk management plans in place to keep people as safe and as independent as possible. People who receive support, their relatives and staff told us communication is very good and they know what to do if they are concerned about anything. The service provider undertakes recruitment checks before all staff start their employment.

## Care and Support

People receive the care they require. People spoke to us about the support they get from care staff, this includes support with personal care, medication and meal preparation. The records we reviewed and our discussions with people show they are satisfied with the support they receive from care staff. People told the provider their care workers are *“dedicated and compassionate staff”*, *“all lovely and compassionate”* and *“safe and caring”*. Relatives are also happy with the service. They told us *“staff know X and their routines”* and *“they are absolutely great they do everything for X”*.

The provider considers a range of information about people before the service starts. Each person has a set of care records, which reflects information gathered from people, their relatives and other health professionals. This documentation includes care plans, risk assessments and a one-page summary called ‘This is me’. This page enables care workers to see in one place what is important to and for people, and how best to support them. Days and times of care workers’ calls and the breakdown of the tasks they must complete is clearly shown in people’s care documentation. A relative and care staff told us people using the service have a copy of their care plans. Plans are reviewed within the required time scale or when care needs change. However, we found review dates are not always clear within the documentation. We discussed this with them; they told us they would take action to ensure all dates are clearly recorded.

Care staff record all the care and support they deliver each day in a daily logbook. This includes arrival and departure times and messages for the next carers. One carer told us they always check the logbooks in order to see what care was delivered and what they need to follow up. Once completed, the manager and care coordinator review the logbooks to ensure people received the care and support they need.

## Leadership and Management

People are given information about the service. There is a provider service guide which provides people who receive the service, their representatives and others with information about the service. The guide is available in a range of formats. There is a statement of purpose (SOP) which describes how the service is provided.

The service provider has a good management structure and systems in place to support the smooth operation of the service. The responsible individual (RI) oversees the development of the service and the day-to-day operations of the agency. A care coordinator assists them. We found they have introduced systems to ensure the service meets regulatory requirements and provides the care and support people want and need. Together, they are also continuously reviewing and improving these systems. At present, they both provide some direct support to people and, on occasion, work alongside care workers. They have first-hand experience of what works well and what needs improving and demonstrate a thorough understanding of people's support needs. The RI completed their first quality assurance report; it includes the feedback they received from people who use the service and their plans for further improvement of the service. In addition, the RI and care coordinator meet regularly to discuss day-to-day issues and the development of the service.

There are arrangements in place to vet, induct and train staff before they start supporting people. Records show the provider checks employment histories, references and DBS when recruiting staff. Where a person has previously worked with vulnerable adults, the reason why the employment ended is not always fully checked. We discussed this with the RI, who will take action to improve this. There is an induction process in place, which new staff undertake on commencement of their employment. This includes completion of training relevant to their role and working alongside the care coordinator until they feel confident they know people well enough to provide the care and support themselves. Staff are complimentary about the induction and training they received when they first started and about the ongoing support from the manager and care coordinator. They told us they feel valued and supported, and they can contact them whenever they need to check anything out. Staff demonstrate enthusiasm for their roles.





**Areas for improvement and action at, or since, the previous inspection. Achieved**

**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

None	
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**Areas where priority action is required**

None	
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**Areas where improvement is required**

None	
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