



## Inspection Report on

**Seren Healthcare Solutions Limited**

**South Wales Chamber Of Commerce**

**Unit 30**

**Enterprise Way**

**Newport**

**NP20 2AQ**

**Date Inspection Completed**

02/04/2024

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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 promote Welsh language and culture? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

### Summary

People feel valued by care staff. People receiving support are involved in decisions relating to their care. People's choices are respected by care staff. People and their families are happy with the support they receive from Seren Healthcare Solutions.

The service has expanded considerably since their last inspection. The Responsible Individual (RI) is also the registered manager and so oversees the day to day running of the service. Since the last inspection the RI has strengthened the management structure by recruiting for the position of manager. This recruitment is with the intention of handing the responsibility of the registered manager role in the future.

Staff receive appropriate training to be able to undertake their job roles. Staff told us there are lots of learning opportunities available for them. Safeguarding procedures within the service and managerial oversight of incident reporting is not currently operating in line with the regulations, and a Priority Action Notice (PAN) has been issued. The service must address this urgently.

## Well-being

People receive the care they want, and are able to choose how they are supported by care staff. People have a clear voice in their care delivery, and their likes and preferences are clearly captured in their personal plans. People feel able to express their wishes and preferences regarding their care knowing this will be respected by care staff.

People's health and well-being is promoted by attentive care staff. A family member told us the staff "*Pick up issues quickly and report to us*" meaning family members are updated and informed of their relatives' health, especially when staff notice any changes or differences. A family member described care staff as "*Accommodating*" and also that care staff created a "*Good rapport*" with their relative. This practice ensures that the health and well-being of people using the service is important to care staff.

Care staff encourage people to undertake tasks as independently as possible, but provide support when it is required. This positive practice promotes people to maintaining their skills and their independence levels for as long as possible, rather than staff completing tasks for people they may be able to complete themselves with some support.

There are plentiful supplies of Personal Protective Equipment (PPE) available for staff to use as required when undertaking their duties.

Risk assessments are in place to ensure people's safety and protection. These outline what potential risks there are and set out what can mitigate and lower those risks to maintain the safety of each person using the service.

People and their families are encouraged to complete feedback surveys periodically. This is an opportunity for people using the service to share their thoughts about the care they receive, and the service that they receive support from. The survey results identify trends and themes in people's views of the service. This information informs changes within the service, and care delivery to ensure people remain happy with the service they receive.

## Care and Support

People receive care and support they are happy with, from staff who are professional and friendly. People who receive support told us the staff are “*All outstanding*”. Another person told us “*Care staff are great*” and a family member told us staff are “*Attentive and interact well*” with their relative. People told care calls happen at times they are happy with and staff are punctual.

Personal plans contain individualised information which ensures people receive care in the way they like. There are step by step guides which set out each task care staff need to complete at each visit. These instructions include people’s likes and preferences for each task to be undertaken during that call. This is a very helpful guide and ensures people’s wishes are known. meaning people receive care in a way they are comfortable with. People’s personal plans also contain well-being goals.

We saw evidence of people’s personal plans being reviewed. However, the review documentation provided during the inspection was basic. There was no evidence of input and comments from family members during this review process. Whilst the personal plans examined during inspection had all recently been reviewed, there was no evidence provided to establish if these reviews happen as often as is required by the Regulations. This is an area for improvement, and we expect the provider to take action.

There are safeguarding policies and procedures in place within the service. Whilst we saw evidence of staff reporting incidents and concerns internally to management within the service, these incidents were not always responded to with appropriate action. Referrals to external agencies are not always made as required, meaning that some incidents did not receive the external scrutiny they should have. This is placing people’s health and well-being at risk and therefore we have issued a priority action notice. The provider must take immediate action to address this issue.

There are systems in place to ensure review and oversight of the medication management. These reviews are thorough and comprehensive, and identify actions that should be taken to ensure good medication management practices within the service.

## Leadership and Management

The service provided by Seren Healthcare Solutions Limited has grown significantly since our previous inspection in 2021. There are systems in place to provide oversight of the service, however these systems need strengthening to ensure the service is operating in line with the regulations. The statement of purpose (SoP) sets out how the service operates, outlining in detail the people can expect from the service.

The RI undertakes their required regulatory visits with people using the service. The RI also completes the six-monthly reports. These reports provide oversight and analysis of how the service is operating, and any areas they intend to focus on to improve. Compliments and complaints are recorded by the service, and lessons learnt from any complaints made. Compliments are recorded as a way of monitoring feedback from people using the service and are shared with staff.

Some recruitment checks are completed before new care staff commence employment, including Disclosure and Barring Service (DBS) searches, employment history and reference requests. However more robust checks are required to ensure compliance with regulations. This is an area for improvement, and we expect the provider to take action. Staff are provided with an induction when they first commence employment., This includes training and also shadowing more experienced staff to learn the job by experience.

There is a high compliance of training completed within the service. Management has good oversight of this using their bespoke systems. Staff are informed when required to complete a training course, and prompted by management when required to ensure training is completed within the required timescales. Staff reported they felt there was plenty of training courses available to support them in their job role. We spoke to staff and received some electronic questionnaires providing feedback. Mostly, staff told us they felt supported by management at the service, and happy in their job roles.

At the time of inspection all staff had recently had a supervision with their manager, however there was no evidence provided that demonstrates supervision takes place within the timescales as set out within the regulations. This is an area for improvement, and we expect the provider to take action.

There are good systems in place within the service to oversee travel time between calls. This is frequently reviewed, and changes made as needed to ensure maximum efficiency for staff. This minimises as far as possible disruption to people receiving support of the service.

### 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 |
|------------|---|--------|
| 26         | The service provider has failed to take required actions when dealt with allegations of a significant nature. The service provider must ensure there are most robust procedures and better managerial oversight and review into all incidents and allegations and ensure appropriate follow on actions are taken as the situation requires. | New    |

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 |
|------------|--|--------|
| 16         | There is no evidence that people's personal plans are reviewed regularly in line with the time scales set out in the regulations.  | New    |
| 36         | There is no evidence that staff have supervision every 12 weeks in line with regulations. There needs to be processes in place to ensure staff receive supervision at least every 12 weeks, or sooner if required.   | New    |
| 6          | The provider has not demonstrated sufficient oversight of the service to have identified the issues found during this inspection. Recruitment processes are not in line with regulations, and appropriate references are not always sought. Information during inspection was not forthcoming. | New    |



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